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ABSTRACT

In order for individuals to make informed decisions about their health, they must have support, information, and skills to help them understand what promotes their health and what they themselves can do to enhance health. The major goals of the Northwest Territories (Canada) school health program are: to provide factual information on the human body; to enable students to develop skills that, along with factual information, will allow them to make informed choices related to health; to enhance students' self-esteem through self-understanding; to enable students to develop attitudes which lead to positive lifestyle behaviors; and to promote lifestyle practices which are conducive to lifelong health. This guide contains instructional strategies, lesson plans, reproducibles, and teacher background materials for second-grade classes. The material is organized around the seven units of the program: mental and emotional well-being, growth and development, family life, alcohol and other drugs, nutrition, safety and first aid, and dental health. This guide also contains an introduction to the complete program, including scope and sequence charts outlining the major topics at each grade level. A discussion of the language development approach for students who are not proficient in English is also included. (IAH)

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Northwest Territories
School Health Program

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SP 033 820

Grade 2

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NORTHWEST TERRITORIES

School Health Program

GRADE 2

Northwest Territories Education
Health

March, 1991

NORTHWEST TERRITORIES

School Health Program

INTRODUCTION

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Coordinators:
- Robert Imrie — Head, Health Information and Promotion, Department of Health
- Helen Balanoff — Program Specialist, Health, Department of Education

Curriculum Writing/Activity Ideas:
- Cathy Marsollier — Research/Writer, Department of Health
- Wade McLain — former Research/Writer, Department of Health
- Mary Jane Stewart — Contract Writer, Department of Health
- Laura McCormick — School of Dental Therapy, University of Manitoba
- Reiko Trudeau — Teacher, Rae-Edzo
- Catherine Mains — Teacher, Rae-Edzo
- Liv Nygaard — former Teacher, N.W.T.
- Susan Yazdanmehr — Health Information Officer, Department of Health
- Jim Reid — former Teacher, N.W.T.
- Heather Nolsoe — Program Specialist, Social Studies, Department of Education
- Margy Gilmour — Program Specialist, Department of Education

Illustrations:
- Francis Mercredi — Yellowknife
- Heather Imrie — Banff, Alberta
- Elizabeth Lorenz — Yellowknife
- Mary Ann de Wolf — Dallas, Texas

Editing:
- Cathy McGregor — Coordinator, Language Development, Department of Education
- Barbara Hall — Program Specialist, Alternative Programs, Department of Education

Reviewing/Evaluating:

- Dr. Dexter Harvey — Faculty of Education, University of Manitoba
- Dawn White — Health Consultant, Manitoba
- Mary Brown — Curriculum Consultant, Department of Education, Manitoba
- Members of the Northern Nutrition Association
- St. John Ambulance Association
- AIDS Sub-Committee, GNWT Department of Health/Health and Welfare Canada

Photography:

- Tessa McIntosh — Department of Culture and Communications
- Lorne Smith — Education Officer, Department of Education
- Fran Hurcomb — Photographer
- Rene Fumoleau — Photographer

General Assistance/Consultation:

- Don Kindt — Program Specialist, Math/Science, Department of Education
- LuAnn Lovlin — Public Information Officer, Department of Education
- Stella Van Rensburg — former Project Director, School Health Program, Department of Health
- Sarah Kelleher — Program Development, Department of Education
- Barbara Round — Coordinator, Family Life Education, Department of Health
- Jo-Anne Crate Thomas — Program Specialist, Alcohol and Drug Services, Department of Social Services
- Donna Nash-Alain — Proof-reader
- Derek Green — Coordinator, Program Evaluation, Department of Education

Members of the Advisory Committees:

- Judy O'Heir — Assistant Regional Nursing Officer, Health & Welfare Canada
- Mike Kelly — Regional Guidance Counsellor, Department of Education, Inuvik
- Patricia Nester — Classroom Assistant, Rankin Inlet
- Mabel Wong-Tam — Coordinator, Nutrition Services, Stanton Yellowknife Hospital
- Yvonne Green — Director of Dietetics, Stanton Yellowknife Hospital
- Gordon Trueblood — Coordinator, Health Education, Indian and Inuit Health Services, Health and Welfare Canada, Ottawa
- Dr. Dexter Harvey — Faculty of Education, University of Manitoba
- Dr. Peter Kallos — Medical Officer, Yellowknife
- Olasie Machmer, Jeela Moss-Davies — Inuit Women's Association, Ottawa
- Lorraine Doctor, Marjorie Kossatz — N.W.T. Native Women's Association, Yellowknife
- Sharon Kirwan — Assistant Regional Nursing Officer, Health & Welfare Canada
- Bob MacQuarrie — Member of the Legislative Assembly, Northwest Territories
- Beaton MacKenzie — Teacher, Yellowknife Education District #1
- David Bouchard — Religious/Health Coordinator, Yellowknife Separate School Board
- Veronica Curley, Elizabeth Lyall — Keewatin Inuit Association, Rankin Inlet
- Robbie Robinson — Chief, Safety Division, Department of Justice and Public Services
- Elsie Burger, Thomas Palakkamanil, Bertha Blondin — Dene Nation, Yellowknife
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NORTHWEST TERRITORIES

School Health Program

PHILOSOPHY AND RATIONALE

THE RATIONALE FOR HEALTH EDUCATION

Traditionally, almost all human and financial resources related to health care in the Northwest Territories have been devoted to acute treatment of illnesses in nursing stations, doctors' offices, hospitals and drug treatment centres. The human and financial costs of this approach have been high.

This approach has led to dependence on medical institutions and professionals. As a result, there is a recognized need to promote a more comprehensive approach to health, especially as it relates to lifestyle. In addition to acute care services, this new approach would include education, environmental changes and greater individual responsibility for health.

THE NEED FOR A HEALTH EDUCATION PROGRAM IN N.W.T. SCHOOLS

Dr. Otto Schaefer, a well-known northern medical officer, has shown that abrupt changes in the diet of native populations have contributed to an increasing incidence of non-communicable diseases, such as cancer and obesity, as well as diseases of the respiratory and circulatory systems. Furthermore, according to Dr. Schaefer, the breakdown of the traditional social structure, specifically the family unit, is associated with wide-spread alcohol and drug abuse, increases in sexually transmitted diseases, family violence and suicide.

In November 1982, the survey "Tobacco Use Among Students in the Northwest Territories" reported that smoking rates in the school population of the N.W.T. were among the highest recorded for any school population in Canada. Smoking started in the early years of elementary school and by the late adolescent years (15 to 19), 49% of boys and 53% of girls were regular smokers. It also found that approximately 9% of Northwest Territories school children used chewing tobacco or snuff. It concluded that four variables were important in the decision to smoke — age, smoking behaviour of friends, smoking behaviour of brothers or sisters and parental smoking.

In 1984, according to the "Report on Health Conditions in the Northwest Territories", accidents, injury and violence accounted for more than 30% of all deaths. The rates for suicide, infant deaths, sexually transmitted diseases and teenage pregnancies were all above the national average.

In addition, there is evidence from treatment centres, that more and more young people are seeking help for drug problems at a younger age.

Also in 1984, the Social Program Evaluation Group from Queen's University, with a grant from Health and Welfare Canada, conducted the Canada Health Attitudes and Behaviours Survey in all provinces and territories. They conducted this survey in a number of selected communities in the Northwest Territories among Grade 4, Grade 7 and Grade 10 students. It concluded that with respect to:

Nutrition

- young people in the Northwest Territories were well below the national average for Grade 4 and Grade 7, and slightly below for Grade 10, in meeting the daily requirements of all four food groups (both in amount and variety);

- young people at all three grade levels consumed more foods with a high sugar content than their southern counterparts.

Alcohol & Drug Use

- higher than average percentage of Grade 7 and Grade 10 students in the Northwest Territories smoked cigarettes;

- of Grade 10 students, lower numbers used alcohol (some communities in which the surveys were conducted were "dry" communities);

- there was an extremely high incidence of cannabis use.

Self-esteem

- Northwest Territories young people felt slightly less positive about themselves and their relationships with their parents than other young Canadians.

Family Life Education

- a higher proportion of students in the N.W.T. than elsewhere in Canada learned about human sexuality in school.

Many of the problem health conditions identified in these and other studies are related to lifestyle behaviours and unhealthy environmental conditions which can be modified by the individual.

THE HISTORY OF THE N.W.T. SCHOOL HEALTH PROGRAM

Prior to 1979, teachers in the Northwest Territories had no formal health program to follow. In 1979, the Department of Education published ***"The Northwest Territories Community School Health Program."*** It outlined the goals which students should achieve by the end of Grade 9. Although the list of goals provided teachers with a framework for unit and lesson planning, it was not a comprehensive health program.

In 1983, on the premise that many of the health problems which exist in the Northwest Territories could be prevented or reduced through an education program in the schools, the Northwest Territories Department of Health received funding from Health and Welfare Canada to develop a program for Kindergarten to Grade 12 students in consultation with the Department of Education.

At the same time, the Northwest Territories Legislative Assembly allocated separate funding to the Department of Social Services and the Department of Education to develop an Alcohol and Drug Program for schools.

These two programs together form the Northwest Territories School Health Program.

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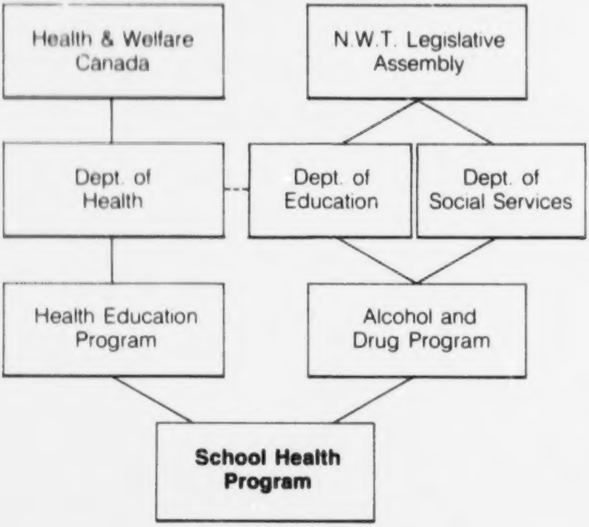
Health & Welfare Canada
N.W.T. Legislative Assembly
Dept. of Health
Dept. of Education
Dept. of Social Services
Health Education Program
Alcohol and Drug Program
School Health Program

ASSESSING THE HEALTH NEEDS OF N.W.T. SCHOOL CHILDREN

The public, particularly parents and students, must accept a health education program in order for it to have an impact on their everyday lives. Such acceptance requires involvement. Local involvement also ensures the relevance of the program to the students for whom it is designed.

To ensure input by northerners, the Department of Health established two advisory committees with members representing professional, cultural and regional groups. These advisory committees provided general overall direction to the project.

The program staff conducted a comprehensive needs assessment to assess the perceived health needs of students in communities.

They distributed questionnaires to the following selected groups of people in every community in the Northwest Territories:

- pre-adolescent students and their parents
- adolescent students and their parents
- Local Education Authorities
- teachers
- administrators

The questionnaires asked:

- what aspects of health students were interested in;
- what parents thought it was important for their children to learn about health; and,
- what Local Education Authorities and teachers perceived the needs of the students in their local school were.

Well over 3000 people responded to the questionnaires. They made a significant contribution to this program by articulating the health needs of students.

At the same time, researchers examined statistical data about the delivery of health care in the Northwest Territories to determine why people in various age groups sought professional health care. They found, for example, that, in the 15-19 age group, the main reasons for health care were a result of injuries or poisoning. This was closely followed by diseases of the respiratory system.

Evidence from:

- the examination of problem health conditions in the N.W.T.
- the assessment of student health needs by themselves and others close to them, and
- the analysis of reasons why people seek medical help

indicates that many young people are seeking treatment for problem conditions which could have been prevented. Young people must be encouraged to accept responsibility for their own health in order to maintain and enhance personal health.

A VISION OF HEALTH

Health is a state of complete physical, mental and social well-being. It is the result of a dynamic interdependence of these elements, as well as cultural and spiritual elements. Any change which occurs in one dimension will affect the others.

To reach a state of complete well-being, an individual must be able to realize aspirations, satisfy needs and change or cope with the environment.

This vision of health and the premise that health is a resource for everyday life serves as a basis for the Northwest Territories School Health Program.

The World Health Organization states "Health promotion is the process of enabling people to increase control over, and to improve, their health."

This is done in three ways:

- through self-care i.e., making decisions and adopting practices which specifically preserve their health;
- through mutual aid i.e., helping each other, supporting each other emotionally, sharing ideas, information and experiences;
- through creating healthy environments i.e., altering or adapting social, economic and physical surroundings to maintain and enhance health.

In order for individuals to make informed decisions with regard to their health, they must have support, information and skills to help them understand what promotes their health and what they themselves can do to enhance health.

This is the focus of the Northwest Territories School Health Program.

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THE ROLE OF SCHOOLS IN HEALTH PROMOTION

Health promotion is specifically dedicated to enabling individuals to take the lead role in determining the status of their own health. The growing commitment to health education programs in schools can create a supportive environment for the development of healthy practices by providing information and encouraging change. Many jurisdictions now acknowledge the importance of health to quality of life by requiring health education as part of the school curriculum.

It is important to articulate the role of the school in health promotion. It is also important to recognize the limitations of the school's role. The public expects a program such as the Northwest Territories School Health Program to solve all the current social, emotional or physical conditions which contribute to a less than perfect state of well-being among students. That is not the role of health education in the school. The School Health Program does complement the efforts of other agencies in health promotion in the N.W.T. by specifically providing information and by developing skills and attitudes to enable individuals to take the lead role in attaining healthy life styles. The school cannot, however, make the student choose a healthy lifestyle.

By providing information and by developing skills, the school, however, does influence beliefs and attitudes, and it is these changing beliefs and attitudes that impact on behaviour.

Health behaviour is related to the general beliefs:
- that people are vulnerable to problem health conditions;
- that these conditions produce undesirable consequences; and,
- that the consequences are usually preventable.

By influencing these health beliefs positively, the school will increase the probability of positive health behaviours.

REFERENCES

Project Proposal, Health Information and Promotion, Department of Health, September 1981

Health Strategies for Canadians, Ad Hoc Committee Report, June 1981

A New Perspective on the Health of Canadians, M. Lalonde, Government of Canada, April 1974

Western Diseases, O. Schaefer, (Editors, Trowell and Burkett)

General and Nutritional Health in Two Eskimo Populations at Different Stages of Acculturation, O. Schaefer J. Timmermans, Canadian Journal of Public Health, November 1980

Eskimo Personality and Society — Yesterday and Today, O. Schaefer, Arctic, June 1975

Report on Health Conditions in the Northwest Territories 1984, Medical Services, N.W.T. Region, Health and Welfare Canada

Tobacco Use Among Students in the Northwest Territories, Health and Welfare Canada and N.W.T. Department of Health, 1982

Canada Health Attitudes and Behaviours Survey, Northwest Territories Report, Social Program Evaluation Group, Queen's University, 1984-85

Achieving Health for All: A Framework for Health Promotion, J. Epp, Government of Canada, November 1986

Ottawa Charter for Health Promotion, An International Conference on Health Promotion, November 1986

Northwest Territories School Health Program: A Report on the Needs Assessment, Department of Health, September 1984.

NORTHWEST TERRITORIES

School Health Program

IMPLEMENTATION

MAJOR GOALS

OF THE NORTHWEST TERRITORIES SCHOOL HEALTH PROGRAM

The major goals of the Northwest Territories School Health Program are:

- *to provide factual information on the human body;*
- *to enable students to develop skills that, along with the factual information, will allow them to make informed choices related to health;*
- *to enhance students' self-esteem through self-understanding;*
- *to enable students to develop attitudes which lead to positive lifestyle behaviours; and,*
- *to promote positive lifestyle practices which are conducive to lifelong health.*

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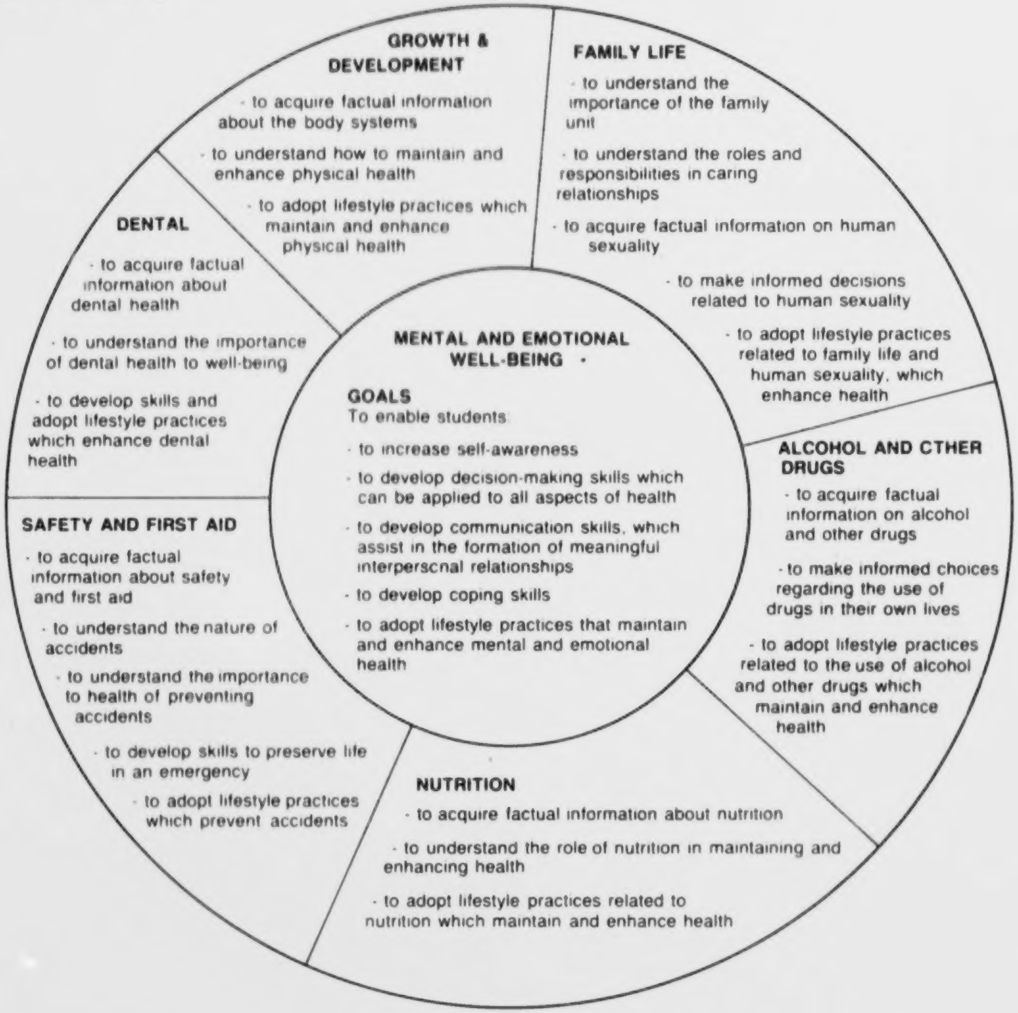
THE UNITS OF THE PROGRAM

There are seven units in the program. The central unit is Mental and Emotional Well-Being. It is the major skill-building unit.



GROWTH & DEVELOPMENT

- to acquire factual information about the body systems
- to understand how to maintain and enhance physical health
- to adopt lifestyle practices which maintain and enhance physical health

FAMILY LIFE

- to understand the importance of the family unit
- to understand the roles and responsibilities in caring relationships
- to acquire factual information on human sexuality
- to make informed decisions related to human sexuality
- to adopt lifestyle practices related to family life and human sexuality, which enhance health

ALCOHOL AND OTHER DRUGS

- to acquire factual information on alcohol and other drugs
- to make informed choices regarding the use of drugs in their own lives
- to adopt lifestyle practices related to the use of alcohol and other drugs which maintain and enhance health

NUTRITION

- to acquire factual information about nutrition
- to understand the role of nutrition in maintaining and enhancing health
- to adopt lifestyle practices related to nutrition which maintain and enhance health

SAFETY AND FIRST AID

- to acquire factual information about safety and first aid
- to understand the nature of accidents
- to understand the importance to health of preventing accidents
- to develop skills to preserve life in an emergency
- to adopt lifestyle practices which prevent accidents

DENTAL

- to acquire factual information about dental health
- to understand the importance of dental health to well-being
- to develop skills and adopt lifestyle practices which enhance dental health

MENTAL AND EMOTIONAL WELL-BEING

GOALS

To enable students:

- to increase self-awareness
- to develop decision-making skills which can be applied to all aspects of health
- to develop communication skills, which assist in the formation of meaningful interpersonal relationships
- to develop coping skills
- to adopt lifestyle practices that maintain and enhance mental and emotional health

SCOPE AND SEQUENCE

The following charts provide an overview of the major topics, indicating at which grade they are taught.

UNIT	KINDERGARTEN	GRADE 1	GRADE 2	GRADE 3
Mental & Emotional Well-Being	**Self awareness** • physical characteristics • abilities • feelings **Relationships** • doing things with friends	**Self awareness** • physical characteristics • abilities • likes and dislikes **Relationships** • working and playing together • helping • sharing	**Self awareness** • feelings • expressing feelings appropriately **Relationships** • friends • making friends **Coping** • stressful situations	**Self awareness** • people are alike and different • everyone is unique **Relationships** • responsibilities • sharing responsibilities • different ways of communicating **Decision-Making** • choices • situations which require decisions
Growth & Development	**Body Systems** • external body parts • five sensory organs **Lifestyle** • positive daily and regular health habits	**Body Systems** • touch • taste • smell **Disease Prevention** • signs of sickness • germs spread diseases • disease prevention	**Body Systems** • sight • hearing **Lifestyle** • positive health habits **Health Care** • community health care workers **Environmental Health** • clean water, air and good soil	**Body Systems** • internal organs **Growth Patterns** • changes in height and weight **Disease Prevention** • personal responsibility for health **Environmental Health** • different kinds of pollution
Family Life		**Families** • different members • similarities/differences in family structures **Human Development & Reproduction** • external body parts/boys/girls **Abuse Prevention** • feelings associated with touch • safety rules • family/community support people	**Families** • families provide for the needs of their members • the maintenance of the family unit **Human Development & Reproduction** • living things reproduce and grow **Abuse Prevention** • potentially abusive situations • behaviours that maintain personal safety	**Families** • family structure changes with time • new family members • some family members require special care **Human Development & Reproduction** • body organs related to reproduction • human babies are created from the union of a sperm and egg

SCOPE AND SEQUENCE

UNIT	KINDERGARTEN	GRADE 1	GRADE 2	GRADE 3
Nutrition	**Food Identification** • foods and non-foods **Food Appreciation** • healthy snacks • unfamiliar foods	**Food Identification** • foods from plants and animals **Food Classification** • four food groups **Food Selection** • food from each food group **Food Appreciation** • nutritious food to start the day	**Food Identification** • different food forms **Food Classification** • functions of each food group • nutritious snacks **Food Selection** • nutritious meals **Food Appreciation** • different food forms	**Food Classification** • classifying into food groups • function of each food group • common foods which do not belong to a food group **Food Selection** • nutritious eating for one day **Food Appreciation** • nutritious food to start the day
Dental	**Structure and Function** • primary and permanent teeth • teeth functions **Oral Hygiene** • toothbrushing skills **Dental Health** • safe and unsafe food	**Structure and Function** • primary and permanent teeth • teeth functions **Oral Hygiene** • toothbrushing skills **Dental Health** • safe and unsafe food • safe and unsafe behaviours **Dental Disease** • tooth decay **Dental Services and Products** • local dental health workers	**Structure and Function** • primary and permanent teeth **Oral Hygiene** •flossing skills **Dental Health** • safe and unsafe snacks **Dental Disease** • dental plaque **Dental Services and Products** • common dental health products	**Structure and Function** • specific tooth groups and their functions **Oral Hygiene** • toothbrushing and flossing skills **Dental Disease** • dental plaque **Dental Services and Products** • personal responsibility for dental health care • community dental health workers
Safety & First Aid	**Personal Safety** • personal safety rules • personal identity facts • community safety helpers • safety rules for pedestrians **Fire Safety** • fire drill procedures **Safety** • poisons • poison warning sign • tasting unknown substances • hazard warning signs	**Personal Safety** • personal safety rules • personal identity facts • community safety helpers • emergency phone calls **Accident Prevention** • burns and scalds • falls **First Aid** • first aid for minor cuts **Safety** • poisons • sniffing unsafe substances • tasting unknown substances	**Burn Prevention** • safety rules around electricity **Bicycle Safety** • bicycle rules and traffic laws **Outdoor Safety** • frostbite **Firearm Safety** • firearm safety rules **First Aid** • nosebleeds **Safety** • hazard warning signs • common unsafe substances • rules for unsafe substances	**Burn Prevention** • burns and scalds **Fire Safety** • clothes on fire • burning buildings **Outdoor Safety** • ice safety **Personal Safety** • animal bites **Safety** • hazard warning signs
Alcohol & Other Drugs		**Drugs** • medicine safety	**Drugs** • medicines are drugs • medicines may be helpful and harmful	**Drugs** • sources of medicines • rules for medicines • common substances which contain drugs **Tobacco** • effects of tobacco **Well-Being** • improving their well-being

SCOPE AND SEQUENCE

UNIT	GRADE 4	GRADE 5	GRADE 6
Mental & Emotional Well-Being	**Self awareness** • strengths and weaknesses • activities affect how people feel **Relationships** • caring behaviours **Decision-Making** • the effects of choices • peer influence • resisting peer pressure	**Relationships** • communication/effective speaking/ active listening • assertive communication skills • the refusal process **Decision-Making** • advertising influence **Coping** • stressful situations • signs of stress • ways of dealing with stress	**Relationships** • responsibilities in maintaining a relationship • volunteerism **Decision-Making** • values • the decision-making process • group decisions **Coping** • time management **Lifestyle** • assessing/improving personal characteristics
Growth & Development	**Body Systems** • digestive system **Disease Prevention** • communicable/non-communicable diseases **Environmental Health** • safe drinking water **Health Care System** • health care supports	**Body Systems** • respiratory system/circulatory system • lifestyle behaviours for a healthy cardiovascular system	**Body Systems** • excretory system/nervous system **Disease Prevention** • germ entry into the body • the three lines of defence • AIDS prevention
Family Life	**Families** • families provide for the needs of their members • family traditions **Human Development and Reproduction** • characteristic changes of puberty • reproductive system • menstruation (optional lesson for girls only) **Abuse Prevention** • touches that produce negative or confused feelings • family/community support people	**Families** • male/female roles • family activities **Human Development and Reproduction** • characteristic changes of puberty • reproductive system • menstruation • reproductive process/sex cell development/journey of sperm/ intercourse/fertilization	**Families** • responsibilities and relationships change with time • importance of elders **Human Development and Reproduction** • endocrine system • relationship between puberty and the endocrine system • relationship between reproduction and menstruation • reproductive process/stages of fetal development **Abuse Prevention** • sexual abuse/behaviours which prevent abuse • family/community support people

SCOPE AND SEQUENCE

UNIT	GRADE 4	GRADE 5	GRADE 6
Nutrition	**Food Classification** • six major nutrients • sources of major nutrients • nutritious and non-nutritious snacks **Food Selection** • factors that affect food choices **Food Appreciation** • nutritious snacks	**Food Classification** • leader nutrients and their functions • sources of leader nutrients **Food Selection** • recommended daily servings • food availability • food processing **Food Appreciation** • a nutritious northern meal	**Food Classification** • leader nutrients and their functions • sources of leader nutrients **Food Selection** • serving sizes • balanced food intake • reading food labels **Lifestyle** • personal nutrition program
Dental	**Structure and Function** • structure and functions of teeth **Oral Hygiene** • oral hygiene skills • healthy dental behaviours **Dental Health** • dental hazards • preventing dental injuries **Dental Disease** • tooth decay • fluoride **Dental Services and Products** • dental health care	**Oral Hygiene** • toothbrushing and flossing skills **Dental Health** • effects of tobacco products **Dental Services and Products** • benefits and disadvantages of dental health products • homemade toothpaste • role of dental health workers	**Structure and Function** • structure and functions of teeth **Oral Hygiene** • oral hygiene skills • healthy dental behaviours **Dental Disease** • common dental health problems • signs of dental health problems • treatment for dental health problems • preventing dental health problems **Lifestyle** • personal dental health program
Safety & First Aid	**Burn Prevention** • scalds **Bicycle Safety** • bike maintenance • bike skills and safety rules **Fire Safety** • common causes of fire • fire exit plans • individual responsibility **First Aid** • frostbite and hypothermia **Motor Vehicle Safety** • all terrain vehicles • snowmobiles	**Burn Prevention** • burns from flames • burns from electricity **Fire Safety** • home/campfire safety **Outdoor Safety** • safe camping • water and ice safety **First Aid** • burns • external bleeding	**Motor Vehicle Safety** • all terrain vehicles • snowmobiles **Babysitting Safety** • responsibilities • common injuries • safety rules • emergencies **Outdoor Safety** • survival **First Aid** • artificial respiration • choking • external bleeding • poisoning • unconciousness **Lifestyle** • importance of first aid • safety organizations and professionals • personal safety and first aid program
Alcohol & Other Drugs	**Drugs** • specific drugs in commonly used substances • medical and non-medical drugs • effect of drugs on the brain • reasons for using/not using drugs • personal responsibility for decisions about use of drugs • use and misuse of drugs **Caffeine** • caffeine affects the body **Alcohol** • alcohol affects the body • factors which determine the effects of alcohol • reasons for using/not using alcohol • misuse of alcohol • community resources for alcohol problems **Well-Being** • feeling good without drugs	**Drugs** • specific drugs in commonly used substances • tobacco affects the body • drug myths • community resources for drug information • peer pressure/advertising influence decisions about drug use **Alcohol** • short/long term effects of alcohol • use and misuse of alcohol • community resources for alcohol problems **Well-Being** • feeling good without drugs	**Drugs** • personal responsibility for decisions about drug use • values related to drug use • drug myths • peer pressure/advertising influence decisions about drug use **Alcohol** • factors which determine the effects of alcohol • social effects of alcohol misuse • effects of alcohol on young people **Well-Being** • individual activities which promote well-being • leisure time activities in the community

SCOPE AND SEQUENCE

UNIT	GRADE 7	GRADE 8	GRADE 9
Mental & Emotional Well-Being	• self-esteem • conversations • criticism • personal plan to enhance self-esteem	• characeristics of effective working groups • reasons for forming group • depression • suicide • stress - causes - methods of dealing with stress	• future career choices • job seeking • assessment of personal lifestyles • personal plan to improve lifestyle
Growth & Development	• integumentary system/immune system • common health problems of adolescence • health behaviours which help prevent adult health problems • physical fitness - components - personal plan	• skeletal system/muscular system • personal exercise plan for the muscular system	• inter-relationship of the body system • NWT Health Care system - function - responsible use • economics of health care • health careers
Family Life	• family decisions • family communication • reproductive system - function • relationship between endocrine system and the menstrual cycle • stages of the reproductive process • abstinence • risks and consequences of early pregnancy • sexually transmitted diseases - AIDS - chlamydia - gonorrhea - preventive behaviours • sexual assault - common myths - consequences for victim and offender • potentially dangerous situations • behaviours which help prevent sexual assault	• family structures change • menstruation - the implications • stages of the reproductive process • abstinence and assertiveness • positive health behaviours related to pregnancy • sexually transmitted diseases - AIDS - syphillis - trichomonas - pubic lice - preventive behaviours • birth control - methods - attitudes • family violence - causal factors - coping	• sex-role stereotyping • effective parenting • support systems for families • reproductive system - its role in the formation of new life • heredity • fetal development - stages - risk factors • birth control - risks and consequences • unplanned pregnancy - alternatives - attitudes - prevention • positive lifestyle practices related to family life • constructive relationships

SCOPE AND SEQUENCE

UNIT	GRADE 7	GRADE 8	GRADE 9
Nutrition	**Food Classification** • NWT Food Guide **Food Selection** • menu planning for different age groups **Food Consumerism** • advertising affects food choices • food additives **Food Appreciation** • food items with few additives	**Energy Balance** • energy needs • stored energy • energy intake and output **Food Consumerism** • analyzing diets **Lifestyle** • weight control	**Food Selection** • factors that influence food choices • food customs in the NWT • community feast menu **Lifestyle** • nutrition concerns in the NWT • preventive behaviours • Canadian nutrition and dietary recommendations • personal nutrition program
Dental	**Dental Health** • dental emergencies **Dental Disease** • common dental health problems of children and youth • nursing bottle mouth	**Dental Health** • safe, unsafe foods **Dental Services and Products** • professional preventive procedures • fluoride • common dental health products **Lifestyle** • personal action plan for dental health	**Dental Health** • behaviours/factors that promote dental health **Dental Careers** • requirements for dental careers **Lifestyle** • positive lifestyle practices related to dental health
Safety & First Aid	**Babysitting Safety** • responsibilities • common injuries • childcare routines and play • safety rules **Outdoor Safety** • firearm safety **First Aid** • burns • poisoning **Lifestyle** • safety organizations and professionals • personal safety and first aid program	**Outdoor Safety** • survival safety • boating safety • sports safety **First Aid** • frostbite/hypothermia • head/eye injuries • diabetic emergencies • epileptic seizures/convulsions • fainting **Lifestyle** • importance of first aid • personal safety and first aid program	**First Aid** • artificial respiration • choking • external/internal bleeding • shock • unconsciousness • fractures, sprains, dislocations • heart attacks, strokes • poisoning **Lifestyle** • leading causes of injuries/accidental death • personal safety and first aid program
Alcohol & Other Drugs	**Drugs** • methods of taking drugs • different categories of drugs • traditional medicine **Alcohol** • different types of alcohol • metabolism of alcohol • effects of alcohol • reasons for using/not using alcohol **Cannabis** • cannabis and the body **Well-Being** • peer pressure and drug use • positive role models	**Drugs** • dangers of combining drugs • advertising influences decisions about drug use **Alcohol** • historical use of alcohol • use, misuse, abuse of alcohol • community resources for alcohol problems • teenage alcohol problems • fetal alcohol syndrome • advertising influences decisions about alcohol use **Cannabis** • physical and psychological effects of cannabis • cannabis and the reproductive system	**Drugs** • drug groups • side effects of drugs • drugs and the law **Alcohol** • alcohol and the law • The Young Offenders' Act • local control of alcohol **Well-Being** • personal attitudes towards drug use

TIME ALLOCATION

Effective September 1987, Health Education will become a required part of the school curriculum.

During the first year of implementation, teachers will implement 40 hours of the program. Thereafter, the recommended minimum time allocation for health education will be 60 hours per year for Grade 1 to Grade 9 students. (Since many Kindergarten students attend school for only half a day, it is not possible to recommend 60 hours for that Grade. However, health education should be taught in Kindergarten.)

This means approximately 90 minutes per week for a school with a 190 day school year,

- or 3 x 30 minute lessons per week at the elementary level
- and 2 x 45 minute lessons per week at the junior high level.

The following recommended hourly time allocations apply to each unit:

Teachers should note that time requirements for Nutrition, Dental Health and Safety and First Aid have been calculated; however, these units will not be available until September 1988.

Differences in age, experience, language proficiency and developmental level will influence each student's learning. Some students may require enrichment activities or additional assistance. Some lessons will take more than one class period, but allowance has been made in the time allocations for this to happen.

Since Mental and Emotional Well-Being is the basic skill-building unit, and since Growth and Development contains much of the information about the body systems, the Department of Education recommends teaching these two units prior to introducing any other unit.

UNIT	**GRADE**								
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**
Mental & Emotional	10	10	10	10	10	10	10	10	10
Growth & Development	10	10	10	10	10	10	8	8	8
Family Life	10	10	10	10	10	10	12	12	12
Alcohol & Other Drugs	6	6	6	8	8	10	10	10	10
Nutrition	8	8	8	8	8	6	6	6	6
Dental	8	8	8	6	6	6	4	4	4
Safety & First Aid	8	8	8	8	8	8	10	10	10

THE LESSON FORMAT

The program is laid out in an easy-to-follow, easy-to-use format. Each lesson indicates the ***unit name, the grade level, lesson number*** and ***theme:***

e.g., Growth and Development
Grade 1 Lesson: 3 Theme: Body Systems

The ***concept*** for each lesson is clearly articulated at the start of the lesson. Concepts may be repeated within a single grade or between grades. The different objectives, however, ensure that students move from a basic understanding to a more advanced understanding of the same concept.

The ***preparation*** outlines all the tasks which a teacher will have to complete prior to teaching the lesson and all the materials or resources which are required for that particular lesson.

The ***vocabulary*** is not an all-inclusive list of words with which students should be familiar. Rather, it is a basic list of the terms which students will have to understand and be able to use in order to learn about the concept. Individual teachers are in the best position to determine the language needs of their students for each lesson.

The lessons, themselves, are divided into three columns:

- the ***objectives***, which are behavioural objectives students should achieve, once they have participated in the lesson;
- ***student activities***, which are suggested activities that teachers may use with their students to help them achieve the objectives. Teachers should select those activities which are most suitable for their class. They may have to adapt some for the particular students in their class. For younger grades, activities have been made as "hands on" and concrete as possible;
- the ***teacher notes***, which provide some basic information, as well as more detail for teachers on how to carry out activities.

At the end of each unit, on coloured pages, ***teacher background information*** provides more detail on specific topics.

The pages are numbered so that teachers who are looking for a particular lesson will be able to locate it easily.

Each unit has reference letters:

ME — Mental and Emotional Well-Being
GD — Growth and Development
FL — Family Life

Following the reference letter is a number which indicates the lesson number in a particular unit e.g., ME 3 means the third lesson of the Mental and Emotional Well-Being Unit for that particular grade.

The next number indicates the overall page of that unit, e.g., ME 3.12 means the third lesson of the Mental and Emotional Well-Being Unit, the twelfth page of the whole unit. So in other words, teachers can look up the regular page number of each unit, or the lesson number.

Teachers should note that one lesson in the program may take more than one class period, depending on student's previous knowledge, experience and language proficiency. Allowance has been made in the time allocation for this.

APPROACHES TO THE TEACHING OF HEALTH

The methods which an individual teacher uses with this program are as important as the content. Since the program is designed to influence beliefs and attitudes, it is important for students to examine their own and other people's beliefs and attitudes. It is also important for students to practise, in simulated situations, the skills which they are developing, so that using these skills will become second nature to them in the real world. This involves students sharing opinions, feelings, beliefs and information. Both classroom atmosphere and methods will contribute to the success of the program.

BUILDING A POSITIVE CLASSROOM ATMOSPHERE

The success of this program will depend on the establishment of a positive classroom atmosphere, where students and teachers feel comfortable with each other when discussing personal or sensitive issues.

A number of factors will contribute to this positive classroom atmosphere:
- an attitude of mutual respect, where "put-downs" are not acceptable;
- a non-judgemental atmosphere, where each person's opinion is valued;
- openness, honesty and trust by teacher and students;
- confidentiality, where students are not afraid that opinions or information are discussed openly outside the class.

Prior to starting the lessons, teachers should discuss with students the importance of each of these factors. Teachers should remind students of them regularly throughout the lessons.

In the Family Life Unit, students may demonstrate initial embarassment with the topic by giggling or laughing. This is often because they feel uncomfortable with discussing the topic of sexuality. These feelings will diminish:
- as they become more familiar with the subject;
- if other factors outlined above are contributing to a positive classroom atmosphere;
- if the teacher is comfortable with the subject.

THE TEACHING OF VALUES

Health Education, and especially the Family Life component, cannot be taught without discussing values. The School Health Program uses universal values as the basis for decision-making on any health-related matter, including sexuality.

The program focuses on these values:
- a sense of caring
- respect for self, family and others
- kindness
- honesty and justice
- compassion
- non-exploitation

All units of the program encourage respect for family and cultural values, religious beliefs and the law.

Teachers are encouraged to ask groups of resource people with different points of view to present their views on controversial issues to older students. For example, a discussion on birth control may take the form of a panel discussion, where the members include people with differing opinions. This provides students with the opportunity to listen to other people's opinions, to question them and to think about the expressed opinions in a respectful atmosphere.

Teachers must be alert to the dangers of imposing their values on students. Being non-judgemental will encourage students to be more open.

APPROPRIATE TECHNIQUES FOR TEACHING HEALTH

A number of teaching techniques are particularly appropriate for this program.

1. ***Small Group Discussion***

   Dividing students up into small groups encourages free discussion. It encourages students who are reluctant to speak out in a large group to feel more comfortable, and also gives students an opportunity to learn from each other.

   Successful small group discussion depends upon:
   - encouraging students to take a risk in sharing information
   - establishing rules at the beginning of the sessions e.g.,
     - no insults or put downs
     - only one person talks at a time
     - show respect for each other's opinion
     - everyone gets a turn, but may choose to pass
   - thinking about the composition of the groups e.g.,
     - is there a competent leader?
     - is there an even mix of the sexes?
     - is there a mix of extroverted and introverted children?
   - starting to use small group discussions at a young age, so that students become used to this method of sharing
   - always concluding the activity by asking one person from each group to report its discussion to the rest of the class.

2. ***Brainstorming***

   Use brainstorming to solicit ideas or opinions from the students. Gather as many opinions as possible, without making any value judgements on them. This allows for the free flow of ideas. Write the suggestions on the chalkboard or flip chart paper. After brainstorming, categorize and discuss the ideas. This is often effective in small groups.

   Five rules of brainstorming to remember are:
   - do not evaluate the ideas until after the brainstorming session;
   - quantity is more important than quality — list as many ideas as possible in a given length of time;
   - expand on the ideas of others — if someone else's idea prompts another idea, share it;
   - encourage creativity; and,
   - record all ideas.

3. ***Roleplaying***

Roleplaying is an essential element of any program which influences attitudes and behaviours. Not all teachers, or all students, feel comfortable using roleplay. However, there are some steps to follow which will increase the success of this method:

- decide on the topic of the roleplay;
- start by using volunteers;
- discuss the scenario to be acted out. Help the students to understand what to look for;
- discuss each person's part, using a hypothetical situation. Ask students how the person would feel, and what the person would say or do in that situation;
- have the students act out the scene;
- always finish the roleplay with a discussion about the different people in the scenario, their feelings and possible alternatives;
- the more frequently you use roleplay as a teaching method, the more proficient the students will become and the more successful it will be; and,
- if role play is not successful the first time, do not give up. Try again!

4. ***The Question Box***

When dealing with topics of a sensitive nature, such as those in the Family Life Unit or the Alcohol and Other Drugs Unit, students may be reluctant to ask questions publicly. Use of a question box allows students to ask questions anonymously, and facilitates discussion of a difficult topic which students wish to bring up.

At the end of each class, or at the end of a particular session, let students know that they will be able to write down any question which they wish to ask and to put it into the question box anonymously. At the beginning of the next class, the teacher will respond to the questions in the box.

Another effective use of the question box is to ask students at the beginning of the sessions to write down questions which they wish to have answered during the classes. This allows the teacher to structure the program around the needs of the students.

THE LANGUAGE DEVELOPMENT APPROACH AND THE N.W.T. SCHOOL HEALTH PROGRAM

Who Should Use the Language Development Approach

Students in the Northwest Territories come to school understanding and speaking a number of different languages. Where appropriate, where possible and where mandated by parents and/or L.E.A.'s, teachers should instruct students in Health Education classes in the language in which they are most proficient.

In some communities, students are not proficient in their first language, parents do not want instruction in the first language, or staff, programs and materials are not available to teach in the first language. In those situations, schools instruct Health Education classes in English. Because students in these communities may not be proficient in the English used to teach the curriculum, teachers of Health must take the time and make the effort to teach students the language required to talk, read and write about Health concepts. Success in the Health Education program is not otherwise possible.

The Department of Education directs the use of the Language Development Approach for students who are not proficient in English when it is the language of instruction and for students who are learning English as a Second Language. It is the responsibility of teachers at all levels to use the Language Development framework when preparing their own lessons or presenting lessons provided in the Health units.

What is the Purpose of the Language Development Approach?

The primary purpose of the Language Development Approach is to provide students with the vocabulary and sentence patterns necessary to succeed in school and, in this program, to learn about health concepts. A related aim is to help students develop thinking skills and to use the language of instruction for a variety of purposes: to imagine, to investigate, to explain, to describe, to question, etc.

A second purpose of the approach is to help students learn the vocabulary and sentence patterns required to communicate in various social situations. It provides them with opportunities to learn to use additional language to satisfy needs, to regulate personal behaviour, and to establish and define social behaviour. This purpose is secondary because many students have a first language to use to fulfill these purposes.

The Principles of the Language Development Approach

The Language Development Approach draws on elements of many traditional and contemporary practices in first and second language teaching to form the following set of principles on which to build classroom practice:

1. ***Students need to have their experiences, skills, knowledge, and, particularly, the language they bring to school identified and used as the basis for the school language program.***

   This means the Health Education Program should identify and relate new concepts to the students' past experiences, previous knowledge, and immediate environment. Studies indicate that when teaching does not relate to students' everyday lives or existing ideas, little learning takes place.

   In the cross cultural classroom of the N.W.T. and with sensitive issues such as family life, it is particularly important to determine students' ideas, family values and relevant experiences, before teaching the lessons.

2. ***Students need to learn to articulate for themselves and to communicate their thoughts, feelings, needs, opinions, and intentions for a variety of purposes in many different communication contexts. They need to be able to understand, learn from and respond to the communication of others.***

   This involves being able to:
   - express/inquire about personal needs, desires, feelings, attitudes etc.
   - socialize
   - direct the actions of the self and the actions of others
   - impart and seek factual information on past and present experiences
   - reason logically
   - make and express predictions
   - project into the experiences, feelings, and reaction of others
   - determine and express intellectual attitudes
   - evaluate

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The Health program should involve students in a variety of activities which require them to use language in all these ways. Traditional paper and pencil exercises must be extended to include graphing, interviewing, reporting, researching, investigating, problem solving, etc.

3. ***Students need to learn language to communicate, but they also use language to learn. Therefore, language should be taught across the curriculum.***

   The Health Education program should teach second language students the language they require to learn about new concepts. Success in Health is not possible otherwise. This may mean teachers cannot cover all concepts for all topics. It is preferable to cover some concepts for all topics rather than omitting some topics altogether.

4. ***Second language students need to spend more time learning to communicate in the language of instruction than they do learning about the language of instruction.***

   The time spent in Health Education teaching students language should be devoted to introducing, practising, and applying the vocabulary and sentence patterns students require to talk, read, and write about a concept.

5. ***Students need to learn language that is meaningful. It is easiest to accomplish this when teaching language in a context. Without adequate concept development, the language students learn is either vague or devoid of meaning.***

   The Health Education program should take the time to ensure that students learning new concepts have enough first hand or indirect experiences with the concepts to understand them clearly. There is no point in students studying material they don't understand. If teachers do not make the material understandable, students will supply their own meanings. These may or may not be appropriate!

6. ***Students need to learn to develop their thinking skills and to engage in more abstract levels of thoughts as they mature. They must learn the language that allows them to express their thinking about concepts. Initially, they need to learn the concrete vocabulary and functional sentence patterns which enable them to recall, match, sequence, classify, etc. Eventually they need to learn more complex sentence patterns so that they can generalize, analyze, hypothesize, imagine, predict and evaluate.***

   The Health Education program for primary students should concentrate on teaching and using concrete thinking skills. The Health Education program for older students should introduce more abstract thinking skills as students can handle them.

7. ***Students need to participate in language activities that integrate the language strands of listening, speaking, reading and writing. Specific skills taught will vary with the proficiency level of the students. Reading and writing activities should use language which students have internalized aurally/orally.***

   The language activities in the Health Education program should include all four language strands. Students who cannot talk about a concept will have difficulty reading and writing about it.

8. ***Students need to learn "real" language and how to use it in the natural situations in which it is required.***

   The language included in the Health Education program should be as close as possible to the everyday vocabulary and sentence patterns people actually use to talk or write about a concept. Students need to get into the community to use the language they are learning with people outside the classroom.

Program content, classroom organization and teaching techniques used to develop concepts and skills should:

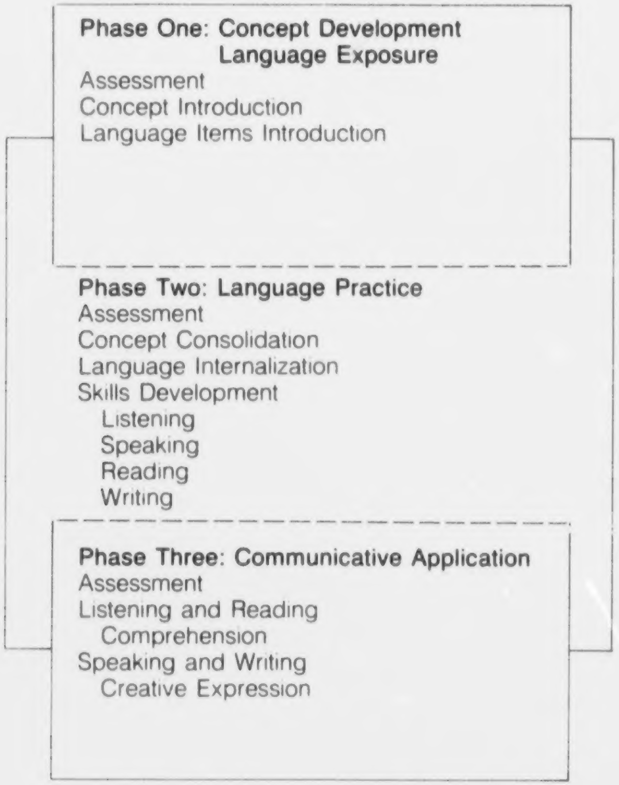
a) reflect all the above principles
b) vary according to
  - the language proficiency of the students in the first and second language
  - cultural background (experiences, interests)
  - age/grade levels
  - type of topic
  - learning style of students
  - materials and equipment available
  - teaching style of teacher

These principles are also valid for students who speak English as a first language. The difference lies in the methods and techniques used. Although designed for second language students, the Language Development Approach allows flexibility in choosing specific classroom practices and techniques to meet the varied language needs of students.

LANGUAGE DEVELOPMENT FRAMEWORK

The Language Development Approach uses the following framework to structure lessons involving conceptual development and language learning for any subject area or for topics of personal interest or cultural relevance.

Intellectual Skills
- Perceiving
- Retrieving
- Recalling
- Matching
- Sequencing
- Classifying
- Comparing/Contrasting
- Generalizing
- Inferring
- Predicting
- Interpreting
- Hypothesizing
- Imagining
- Applying
- Analyzing
- Synthesizing
- Evaluating



Phase One: Concept Development
Language Exposure
Assessment
Concept Introduction
Language Items Introduction

Phase Two: Language Practice
Assessment
Concept Consolidation
Language Internalization
Skills Development
  Listening
  Speaking
  Reading
  Writing

Phase Three: Communicative Application
Assessment
Listening and Reading
  Comprehension
Speaking and Writing
  Creative Expression

Based on the work of Jim MacDiarmid
Adapted by B. Pugh and C. McGregor

How to Develop a Language Development Unit

1. Identify the topic of study from the Health Education program.

2. Determine the key concepts and sub-concepts for the topic. Use brainstorming, semantic mapping, or content diagramming to outline these concepts for your own reference.

3. Assess and predict what experiences, knowledge, interests and attitudes students already possess which you can relate to the concept and subconcepts of the topic through:
   - observing the activities in the community in which students engage;
   - determining previous school experiences students have had with respect to the topic;
   - talking with classroom assistants, parents, L.E.A. members, older students, etc.;
   - observing students in the classroom.

4. Determine what materials and resources are available in the school and community to teach the key concepts and sub-concepts.

5. Brainstorm techniques and activities that you can use to teach the concepts and sub-concepts of the unit. Keep in mind the cognitive maturity, proficiency level, and background experiences of the students in the class.

6. Brainstorm the language items (vocabulary and sentence patterns) that students need to know in order to understand and discuss the concepts and subconcepts of the topic.

7. Determine other language items students may need to know in order to carry out the activities.

8. Predict which language items students already know. Predict language items students have in their linguistic storehouses that you can use to introduce the concept specific language.

9. Plan an initial assessment activity that identifies which experiences, concepts and language items students already have for the topic.

10. Plan specific lessons to teach key concepts, subconcepts and associated language.

11. Plan culminating activities which provide students with opportunities to consolidate and use knowledge and language learned throughout the unit. These can be sharing sessions with other classes, parents or community members.

12. Plan activities that evaluate student progress; these should determine what they have learned from the unit in terms of concepts, attitudes, skills and language items.

How to Plan Language Development Lessons

Plan specific lessons to teach key concepts and subconcepts using the Language Development Framework.

Concept Development/Language Exposure Activities

Choose concept development activities that help students relate previous knowledge to the topic of study or fill gaps in that knowledge. These activities should involve direct, first-hand, active learning with concrete materials as much as possible. Where necessary, use indirect experiences (films, filmstrips, pictures, etc.) to allow students to move beyond the confines of the immediate classroom to explore concepts associated with other times and places. Plan several activities which introduce and reinforce the concepts in different ways.

While students learn about the concepts, activities should also introduce them to new language items which express the concepts. The activities should help students to associate new vocabulary with relevant objects or actions and to express the relationships among concepts with appropriate sentence patterns.

Language Practice Activities

In this part of the lesson, students use the new language items introduced in concept development activities in a variety of activities that develop listening, speaking, reading, and writing skills. Through intensive practice of items in a variety of ways, students come to "own" the new language, i.e., commit it to memory so that it becomes part of their permanent storehouse of language items. These activities should also strengthen the bond developed between the new concepts and the language items that represent those concepts. While the whole class may participate in most of the concept development activities, it is important to group students for language practice according to their language needs and skills. During these group activities you can assess how well students are mastering new language items.

Communicative Application

The final phase of the lesson sequence includes opportunities for students to use their acquired knowledge and language to communicate in a variety of situations. Students will demonstrate that they have understood the new concepts and can use the new language items by interacting with others. Activities should involve students in listening, speaking, reading, and writing to solve problems, bridge an information gap, share information, complete a task, develop an arts and crafts project, or share a finished product. These activities will provide students with an opportunity to explore related concepts and language, eventually coming full circle to new concept development and language exposure. While students complete these activities, the teacher can meet individually with students to assess the extent to which they have mastered the concepts and language from the lesson.

Intellectual Skills

An essential component of the framework is the development of intellectual skills. Learning new concepts and language involves thinking skills. On the other hand, the ability to think abstractly involves conceptual and linguistic knowledge.

In the Concept Development/Language Exposure phase, plan assessment activities that establish whether or not students have basic building block concepts and language to engage in more abstract thinking about a topic. Subsequent activities can fill gaps and/or extend the students' background. The structured nature of Language Practice activities demands less high level intellectual activity. Answers are more convergent in nature; the information readily provided or available. However, Communicative Application activities should involve more divergent thinking. Students can draw on what they already have learned during the previous two phases to bridge an information gap or solve a problem.

INITIAL ASSESSMENT ACTIVITIES

In order to help teachers assess where to start with the program, the following activities should be done before teaching each lesson. They will assist in determining:

- what students already know about the concepts and therefore where instruction should begin;
- what interests students have in the topic and therefore the direction the unit should take; and,
- what language students already have to discuss the topic and what language they require.

One of the basic principles of all good teaching is that teachers should start with the student when planning and carrying out a unit. Before beginning the unit, it is important to assess students' knowledge of and interest in the topic. Teachers should determine what students already know about the topic/concepts they intend to cover. What ideas do students already have? What misconceptions do they have which must be addressed? What gaps are there in their knowledge which require teaching certain lessons? What concepts do students know well enough so that teachers can skip the lessons which teach those concepts? What questions do they have? What relationships do they see between different aspects of the topic?

It is also important to identify what experiences students have which relate to the topic/concepts. By identifying these and building upon them in the lessons, teachers can help students relate the new ideas and information to their own lives. It is important for them to do this because it assists students to internalize new concepts.

It helps students make the concepts part of the conceptual framework which they use to understand and describe their world. If they do not have concrete, firsthand experiences to relate to each concept they will have to be provided with them wherever possible.

Another use for these activities is to help teachers identify particular interests of individuals, groups of students, or the whole class. They can then include activities in the lessons which involve student interests, thereby increasing motivation for them to participate and learn. Teachers may decide to add, substitute or omit some lessons because of students' interests.

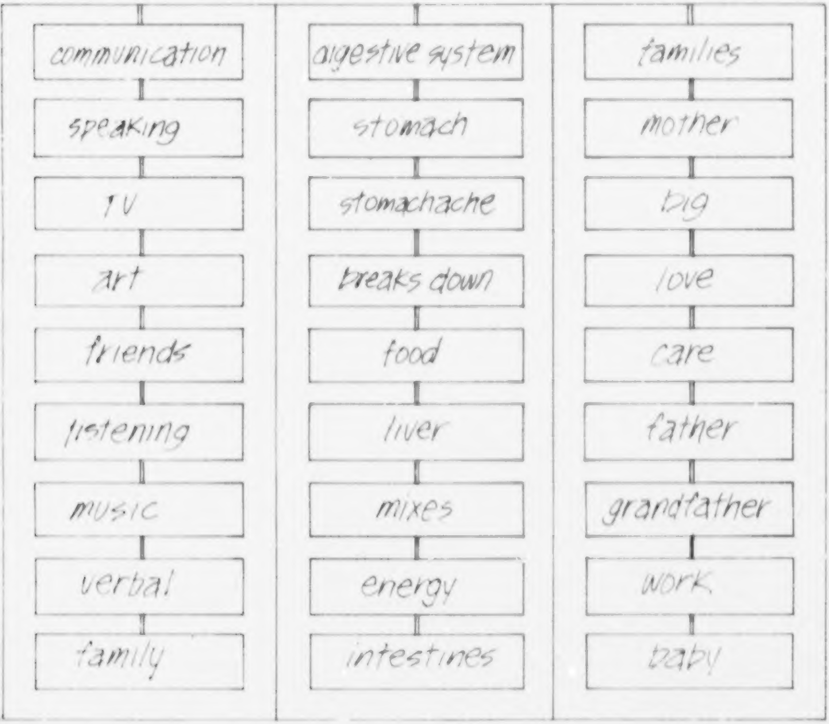
These activities will also help determine what language students have to discuss the topic, i.e., what vocabulary items students already know and what associations they have for each word. It is important to ascertain the meanings students attach to words; sometimes their interpretations may be surprising! If they do not clearly understand terms or if they use them incorrectly, it will prevent them from understanding and incorporating the concept into their mental framework.

Each unit in the School Health Program has a number of different themes. Teachers should select assessment activities suitable for that particular theme. The examples are for themes from each unit: Mental and Emotional Well-Being, Growth and Development and Family Life.

1. ***Brainstorming***

Mental and Emotional Well-Being	Growth and Development	Family Life
Communication	**The Digestive System**	**Families**
Ask students: "What do you know about communication?"	Ask students: "What do you know about the digestive system?"	Ask students: "What do you know about families?"

Answers can be recorded on cards and hung on masking tape strips (sticky surface up) which can then be fastened to the wall or the chalkboard.


communication
speaking
TV
art
friends
listening
music
verbal
family
digestive system
stomach
stomachache
breaks down
food
liver
mixes
energy
intestines
families
mother
big
love
care
father
grandfather
work
baby

If students have difficulty with this activity you may wish to direct their thinking or prompt ideas by asking more specific questions:

Why do we communicate? How do we communicate? With whom do we communicate?	What body parts are part of the digestive system? What do they do? Where are they found? How do we take care of them?	What kinds of families are there? How are families alike? How are families different? Who are in families? What do families do?

Encourage students to predict answers to these questions even if they are not sure of the exact responses. It might be interesting to record their predictions separately and compare them to the actual answers as they study the unit. Students may think of their own questions as well. Teachers can keep a list of all the questions the class cannot answer to focus the lessons they teach during the unit.

After recording their responses on the cards, teachers should have students chant the words with them and talk about the words:

- Which word is the most interesting?
  - the least interesting?
  - the most puzzling?
- What other word can you think of that means almost the same thing?
- What comes to your mind when I say ________?
- What do you think this word means? Etc.

2 *Categorizing*

Teachers can distribute the word cards from the brainstorming sessions ensuring that they tell students the words they give them. Younger students should receive only one card at a time so they will not get confused. One student places his/her word card at the top of one of the masking tape strips and tells the word to the class. Teachers ask if there is anyone else who has a word that belongs with the first word and have another student place his/her word card under the first, read the word and explain why it belongs with the first word. The class can give a title to these two cards which now form a category. Teachers can then ask if anyone can start a new category. When students have placed all of the brainstormed words in categories, the class can discuss the titles and change them if necessary. Students can then chant the words in each category. Teachers can transfer the words to a flowchart to provide a permanent reference.

Communication	The Digestive System	Families
Different ways of communicating	**Body parts**	**Who is in them?**
verbal non-verbal speaking listening music art	stomach intestines liver mouth esophagus	mother father baby grandmother
With whom	**What they do**	**What do they do?**
friends family teacher people at work	squeeze mix break down move	play work love care
Kinds of communication	**Problems**	**What size are they?**
aggressive assertive passive	stomach ache nausea diarrhea	big small

As teachers progress through the unit they may wish to add new information to the chart. They may also identify new questions and hopefully, the answers. At the end of the unit they can review the chart with students and keep it as a reference for future use.

SAMPLE QUESTIONS:

Teachers can use these questions during the initial assessment activity to determine what experiences, interests, language, and knowledge students have about the topic. They can also use the questions during discussions in the lessons for evaluation.

Questions for Assessing Experience:

1. Have you been in a situation where ____________________?
2. What do you know about ____________________?
3. Have you ever seen _____ ______________?
4. Have you ever experienced ____________________?
5. Have you ever been ____________________?
6. Have you ever done ____________________?
7. Has something like this ever happened to you?
8. When was the last time you ____________________?

Questions for Assessing Language:

1. What do you think these words mean?
2. Can you give me another word that means ____________________?
3. What comes to your mind when I say ____________________?
4. Have you heard of the word(s) ____________________?
5. What words can you think of when I say the word ____________________?

Questions for Assessing Thinking Processes:

Cognitive Memory (details, information)

1. Who ____________________?
2. What are the facts?
3. What are the most important details?
4. What is the ____________________?
5. What do you mean by ____________________?
6. What is your interpretation of what happened? (What do you think happened?)
7. When?
8. Where?

Convergent/Generalization (getting the main idea)

1. What are the chief points?
2. Given that information, what is the main idea?
3. What is the single most important idea?
4. State the idea in one sentence.
5. Explain __________________.

Structuring/Relating (arranging relationships)

1. Categories:
   Which group does that belong to?
   How would you classify __________________?
   What type would you __________________?
2. Comparisons: How are they alike? same? similar? identical?
3. Contrasts: How is it different? in opposition to? unlike?
4. Cause and Effect: What will happen if? Why?
   What will happen as a result of?

Divergent/Using/Applying

1. What might happen if __________________?
2. If you use that idea, what would it mean for __________________?
3. Apply that idea to our (this) situation.
4. What would result if __________________?
5. If you were given these facts, what would you do to
   __________________?
6. How would it be different if we used this idea?
7. What could the advantages/benefits be if we applied this idea/process?

Evaluation/Judging/Valuing

1. How do you feel about this idea?
2. What is your opinion?
3. What is the best __________________?
4. Are you satisfied with that answer/plan?
5. Can this statement be made? Why?
6. Out of all the information, what can be used to prove your point?
7. How would you judge?
8. What is your opinion or conclusion about the product/plan/idea?
9. Why did you think it worked/didn't work?
10. What is fact? What is opinion?

EVALUATION

Educators often use the word "evaluation" to mean "testing". Evaluation, however, is an integral part of all educational programs or processes. It includes any form of obtaining information about what students are learning and how effective the program is in achieving its goals.

We learn a great deal from effective evaluation, including:

- what concepts, skills and attitudes a student has learned;
- if a student has achieved the objectives;
- in which areas of the program a student is proficient;
- a student's grade level;
- if the program needs to be reviewed, revised or modified;
- if teaching methods are effective;
- if a student needs additional assistance;
- if a student considers the lessons relevant i.e., do the lessons relate to the world of the student outside the classroom?

EFFECTIVE EVALUATION

For effective evaluation, it is important:

- to link the evaluation to the stated objectives of the program;
- to include as many forms of evaluation as possible;
- to assess students in the cognitive, affective and psycho-motor domains; (in the Health Program, the affective domain is particularly important);
- to ensure that the forms of evaluation are appropriate to the student's developmental level and language proficiency and that they are culturally suitable;
- to ensure that the method of evaluation supports and reinforces goals of the program i.e., if one of the goals of the program is to enhance self-esteem, then the evaluation must include successful experiences which will contribute to that;
- to encourage students to take some responsibility for evaluation.

DIFFERENT APPROACHES TO EVALUATION

It is not possible in this document to include all the possible approaches to evaluation or the detailed information necessary for teachers to use each approach effectively. A more comprehensive effort will be made to address evaluation for this program at a later date.

The approaches included will give teachers some general guidelines on evaluation.

1. *Pre-tests and Post-tests*

In order for teachers to assess what students already know about a topic, and to determine the starting point for the lessons, it may be necessary to administer a pre-test. This pre-test should include items which assess skills, attitudes and behaviours, as well as specific knowledge.

By using the same test or a parallel test after teaching the lessons, teachers will be able to assess what knowledge students have acquired and any possible changes in individual attitudes and behaviours, e.g.,

i) **Knowledge**

	True	False
Tobacco contains a drug.	( )	( )

ii) **Skills**
John's friends want him to skip school. Use the decision-making process to show how he decides what he will do.

iii) **Attitude/Beliefs**
Daily exercise is important to me.

Agree ( )
Not Sure ( )
Disagree ( )

iv) **Behaviours**
I would eat candy or chips for a snack.

Most of the time ( )
Some of the time ( )
Never ( )

2. *Projects*

Projects are assignments given to individual students or to a small group of students. Usually they involve research on a specific topic within the program.

Projects allow students some freedom to express individuality and to demonstrate particular strengths.

A variety of activities can be incorporated into a project, e.g.,
- written report
- diagrams
- audio-visual material
- photographs
- models
- drama
- drawings
- graphs

It is important to structure the project carefully, and define the requirements clearly to ensure that it is manageable. Requirements should indicate
- the objectives of the project;
- completion date;
- how the teacher will evaluate it;
- where to find information.

For example, a project on the "Health Care Worker in the Community" may include:
- a description of what the health care worker does;
- a photograph of the health care worker;
- a recorded interview with the health care worker and/or with community people who have regular contact with the health care worker;
- a video of the health care worker at work;
- a graph to show how much time the health care worker allocates to different tasks;
- telephone numbers;
- a map to show how to go to the health care worker's place of work; and,
- drawings of any special tools/instruments which the health care worker uses.

3. *Simulations*

The Health Education program provides for the acquisition of specific skills and knowledge, and gives the students opportunities to practise appropriate attitudes and behaviours. As a result, simulations are an appropriate way to determine student progress. Discussions of alternative solutions after roleplaying also provides an indication of student attitudes.

If students have learned different ways to resist peer pressure, they can demonstrate how to resist peer pressure in a given situation, e.g.,

> Bill wants Mary to go to a party with him on Saturday. Mary's mother says she is too young to go to parties. Bill has told Mary he won't be her friend if she doesn't come.

Demonstrate how Mary resists the pressure from Bill.

4. *Observation*

We expect students' behaviour to reflect what they have learned so direct observation of students is an important method of evaluation. Students may not demonstrate some of the practices in the classroom, however, and so this observation must also occur in the community. Where and when appropriate, observation should include aspects of mental, physical, social activity, as well as intellectual practices of the student, e.g.,

> If students have been discussing practices which promote safety in the playground, the teacher can observe students at play at recess to determine if they demonstrate use of safe practices outside the classroom.

5. *Checklist*

These are a simple method of recording observations usually made in the classroom. Checklists will not necessarily give a teacher information on a student's behaviour. Teachers can develop checklists for evaluating simulations, observations, discussions, etc.

E.g.,

Checklist for Group Discussions

	All of the time	Some of the time	Never
- listens without interrupting	( )	( )	( )
- shows respect for other people's opinions	( )	( )	( )
- participates readily	( )	( )	( )
- responds positively when questioned	( )	( )	( )
- questions others	( )	( )	( )
- etc.			

6. *Anecdotal Record*

Anecdotal records are brief comments on the teacher's observations. The information recorded is factual and non-judgemental — the evaluation of what was seen is noted after the observation is complete. The comments should be specific and related to the objectives of the program. Record both positive and negative examples, e.g.,

> At recess, Sarah helped Margaret to come down from the climbing bars. She pushed James when he tried to help too.

7. ***Self-Evaluation***

Students should also participate in the evaluation process by identifying what they learned from the lessons, what they are interested in, what they think is important for them to know more about, etc. One way of doing this is through a rating scale, e.g., I learned:

|__________________________|__________________________|

a lot some things nothing

I was most interested in: ______________________________

I would like to learn more about______________________________

____

____

____

8. ***Student Notebooks***

By asking students to keep a health notebook, teachers can assess how well students understand concepts. It is important, however, to treat the notebooks with confidentiality. Students should be aware before they write in the notebook that the teacher will look at them. In particularly sensitive areas, such as Family Life, students may be reluctant to share notebooks with teachers, if not advised in advance.

NORTHWEST TERRITORIES

School Health Program

GRADE 2

Northwest Territories Education
Health

March, 1991

MENTAL AND EMOTIONAL WELL BEING

GRADE 2

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	SELF AWARENESS	Everyone has many different feelings	i) identify different feelings
2	SELF AWARENESS	Everyone has many different feelings	i) identify different feelings in terms of personal experiences
3	SELF AWARENESS	Awareness of feelings is necessary to express them appropriately	i) identify ways of appropriately expressing feelings ii) demonstrate ways of appropriately expressing feelings
4	RELATIONSHIPS	Everyone needs friends	i) identify personal qualities and behaviours that promote friendship ii) describe the importance of friends
5	RELATIONSHIPS	Everyone needs friends	i) identify ways of making friends ii) demonstrate ways of making friends
6	COPING	Stressful situations are a part of everyone's life	i) identify stressful situations ii) identify ways of dealing with stressful situations

GROWTH AND DEVELOPMENT

GRADE 2

LESSON NO.	THEME	CONCEPT
1	BODY SYSTEMS	The sense of sight helps people learn about the environment and is important for health
2	BODY SYSTEMS	The sense of sight helps people learn about the environment and is important for health
3	BODY SYSTEMS	The sense of hearing helps people learn about the environment and is important for health
4	BODY SYSTEMS	The sense of hearing helps people learn about the environment and is important for health

OBJECTIVES

Students will be able to:

i) name and locate the body parts responsible for sight
ii) identify the functions of the eyes
iii) describe the importance of sight

i) describe how the eyes protect themselves
ii) identify ways to protect the eyes

i) name and locate the body parts responsible for hearing
ii) identify the functions of the ears
iii) describe the importance of hearing

i) describe how the ears protect themselves
ii) identify ways to protect the ears

GROWTH AND DEVELOPMENT

GRADE 2

LESSON NO.	THEME	CONCEPT
5	LIFESTYLE	People can develop positive health habits
6	HEALTH CARE	Health workers and health services are available
7	ENVIRONMENTAL HEALTH	People need clean water and air and good soil for health

OBJECTIVES

Students will be able to:

i) identify positive health habits
ii) practise positive health habits

i) identify the primary health care providers in the community
ii) identify the roles of the health care providers

i) describe the importance of clean water, air and soil for health

NUTRITION

GRADE 2

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	FOOD IDENTIFICATION	A food can exist in different forms	i) explain that a food can exist in different forms
2	FOOD CLASSIFICATION	Each food group has a specific function which promotes health	i) classify various foods into the four food groups ii) state the main function of each of the four food groups
3	FOOD CLASSIFICATION	A nutritious snack consists of food from one or more of the four food groups	i) explain what is meant by a nutritious snack ii) distinguish between nutritious and non-nutritious snacks
4	FOOD SELECTION	A variety of foods from each food group is needed daily	i) describe a nutritious meal ii) plan a nutritious meal iii) state the importance of nutritious meals
5	FOOD APPRECIATION	A willingness to taste foods in different forms promotes food appreciation	i) prepare foods in a variety of forms ii) demonstrate a willingness to taste foods in a variety of forms

DENTAL HEALTH

GRADE 2

LESSON NO.	THEME	CONCEPT
1	STRUCTURE AND FUNCTION	Primary teeth are replaced by permanent teeth in a specific sequence
2	ORAL HYGIENE	Regular use of oral hygiene skills promotes dental health
3	FACTORS AFFECTING DENTAL HEALTH	The food which people eat affects their dental health
4	DENTAL DISEASE	Many factors contribute to dental disease
5	DENTAL SERVICES AND PRODUCTS	Approved dental health products promote dental health

OBJECTIVES

Students will be able to:

i) describe the sequence of teeth replacement
ii) compare the characteristics of a primary and a permane

i) demonstrate effective flossing skills
ii) explain when to floss and brush the teeth
iii) explain the importance of brushing and flossing daily
iv) practise effective toothbrushing and flossing skills

i) distinguish between dentally safe and dentally unsafe sna

i) explain what dental plaque is
ii) describe where dental plaque is commonly found
iii) explain why it is important to remove plaque daily

i) identify some common dental health products that promo
dental health

FAMILY LIFE

GRADE 2

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	FAMILIES	Families provide for the physical, emotional and social needs of their members	i) identify the basic needs provided for in a family
2	FAMILIES	Members share in the maintenance of the family unit	i) identify their tasks within the family ii) identify tasks other people are responsible for within the family
3	HUMAN DEVELOPMENT AND REPRODUCTION	All living things reproduce and grow	i) identify that a baby grows from an egg ii) identify that some eggs grow inside the mother, some grow outside
4	ABUSE PREVENTION	Personal safety behaviours help protect people from potentially abusive situations	i) identify potentially abusive situations ii) describe behaviours which help protect them from potentially abusive situations iii) demonstrate behaviours which help maintain personal safety
5	ABUSE PREVENTION	Personal safety behaviours may require family and community support	i) locate family and community support people ii) identify how to contact family and community support people

SAFETY AND FIRST AID

GRADE 2

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	BURN PREVENTION	Injuries from electricity can be prevented by following safety rules	i) give examples of electrical appliances and sources of electricity ii) describe risky behaviours around electricity iii) identify safety rules around electricity
2	BICYCLE SAFETY	Bicycle safety involves obeying traffic laws and bicycle rules	i) identify traffic signs and symbols important to cyclists ii) demonstrate correct hand signals for cyclists iii) identify bicycle safety rules
3	OUTDOOR SAFETY	Frostbite can be prevented by applying safety rules and minimized by first aid	i) describe signs and symptoms of frostbite ii) identify safety rules that prevent frostbite iii) describe first aid for frostbite
4	FIREARM SAFETY	Accidents around firearms can be prevented by following the firearm safety rules	i) identify uses of firearms ii) explain that mishandling a gun may cause injury or death iii) describe proper handling and storage of guns iv) describe preventive behaviours related to gun safety
5	FIRST AID	Minor injuries can be treated by children	i) demonstrate self treatment of a nosebleed

ALCOHOL AND OTHER DRUGS

GRADE TWO

LESSON NO.	THEME	CONCEPT	OBJECTIVES
			Students will be able to:
1	SAFETY	Many substances are potentially unsafe and have warning signs	i) identify the hazard warning signs and the dangers and rules associated with each
2	SAFETY	Not all potentially unsafe substances have warning signs	i) explain that not all potentially unsafe substances have warning signs ii) identify some common substances which may be unsafe
3	SAFETY	Rules are necessary when handling potentially unsafe substances	i) identify some unsafe situations involving potentially unsafe substances ii) explain the rules for handling potentially unsafe substances
4	SAFETY	Rules are necessary when handling potentially unsafe substances	i) explain the rules for safe handling and storage of potentially unsafe substances ii) identify safe handling and storage of potentially unsafe substances
5	DRUGS	Medicines are drugs	i) identify that medicines are drugs
6	DRUGS	Medicines may be helpful but may also be harmful	i) explain how medicines may be helpful ii) explain how medicines may be harmful

GRADE 2

MENTAL AND EMOTIONAL WELL-BEING

MENTAL AND EMOTIONAL WELL BEING

GRADE: 2 LESSON: 1 THEME: SELF AWARENESS

CONCEPT: EVERYONE HAS MANY DIFFERENT FEELINGS

PREPARATION:
1. Prepare several sets of feelings cards (Activity Sheet ME17)
2. Pictures illustrating different feelings or Activity Sheets ME18A,B,C,D,E,F,G
3. Prepare a class set of "My Feelings" poem (Activity Sheet ME19)

VOCABULARY: happy, sad, angry (mad), scared, lonely, excited, worried, frown, smile, scowl, cry, laugh, etc.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	The next three lessons relate to Social Studies, Grade 1, Topic A: I'm The Only One Like Me. Teachers should use an Initial Assessment Activity to determine what their students already know. Please note that every culture does not show feelings in the same way. In some cultures, feelings may not be expressed by an open show of emotion, while in other cultures the opposite may be true.

OBJECTIVES

i) identify different feelings

STUDENT ACTIVITIES

1. Identify different feelings.

TEACHER NOTES

Refer to Activity Sheet ME17.

Role play for students different feelings, using facial expressions, gestures, etc. As students guess each feeling, show them the card with the word for that feeling on it. Have students practise asking how you feel using the sentence pattern:

How do you feel?

Respond using the sentence pattern:

I feel (happy)   .

Different ways of expressing feelings might include:

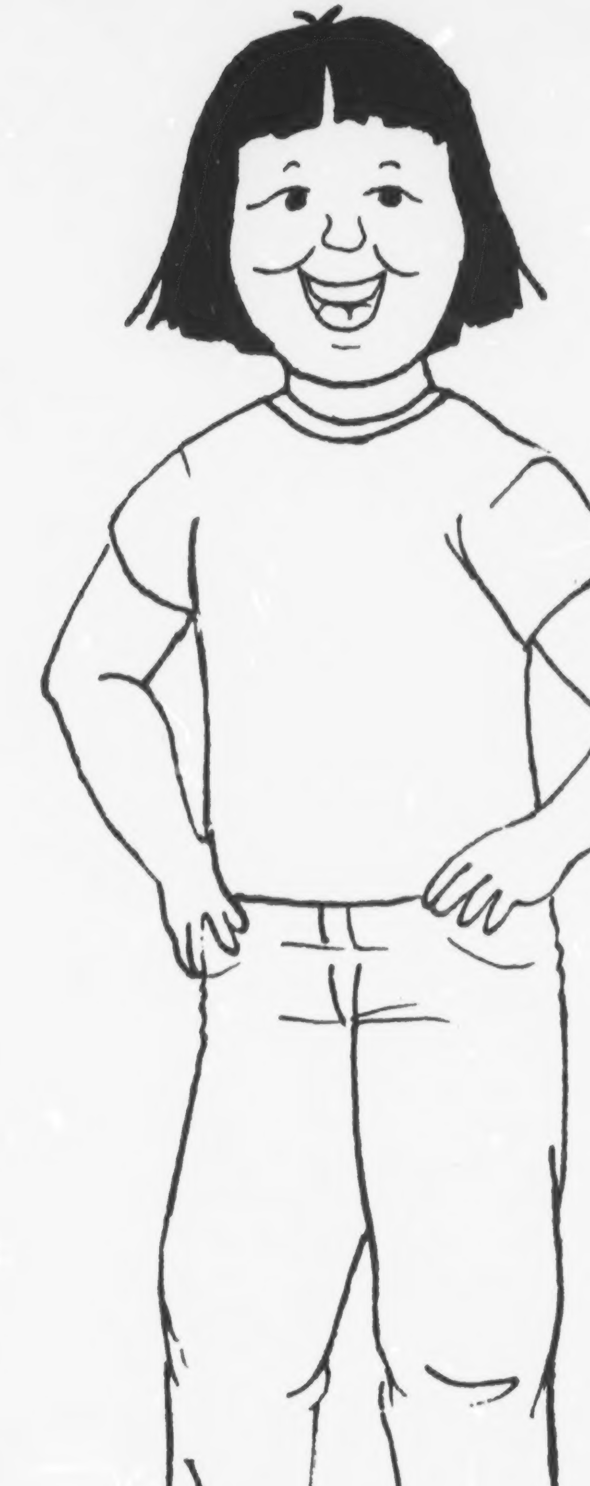
Feeling:	Expression:
happy	smiling, laughing
sad	crying, hanging head, being quiet, wishing to be alone
angry	telling someone, being alone, going for a walk
scared	crying, shaking
lonely	crying, looking sad
excited	cheering, jumping up and down

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Play Concentration.	Refer to Activity Sheet ME17. Divide students into groups and give each group a set of Feelings cards. Students mix them up, turn them face down on the floor, and take turns turning up and trying to match cards. As each card is turned up students should read the feeling word aloud.
	3. Identify different feelings from pictures.	Refer to Activity Sheets ME18A,B,C,D,E,F,G. Display pictures provided (or others you find) which show different feelings. Have students identify how the person in each picture feels. Label each picture with the appropriate word card. Discuss how you know what the person feels using the sentence patterns: How can you tell (the man) is (angry)? I can tell (he) is (angry) because (he is frowning).
	4. Learn the "My Feelings" poem.	Refer to Activity Sheet ME19. Distribute copies to students. They could illustrate each line with a face that shows the appropriate feeling.

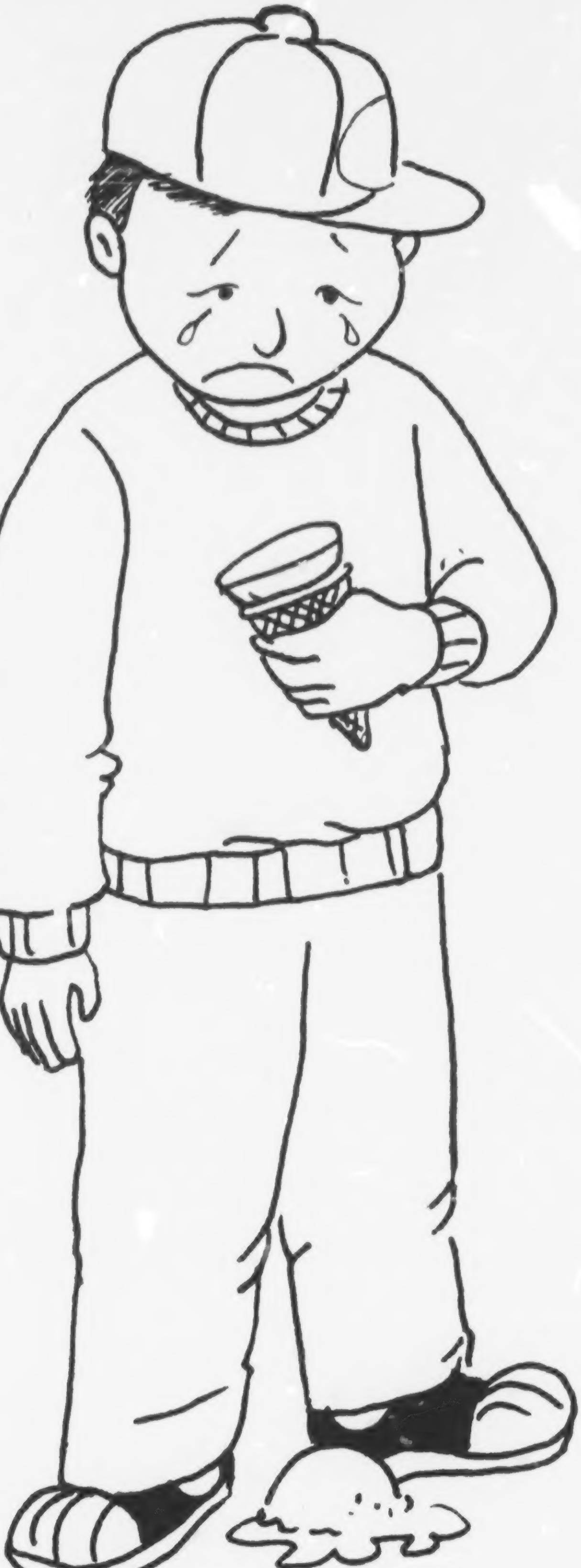
ME17

FEELING CARDS

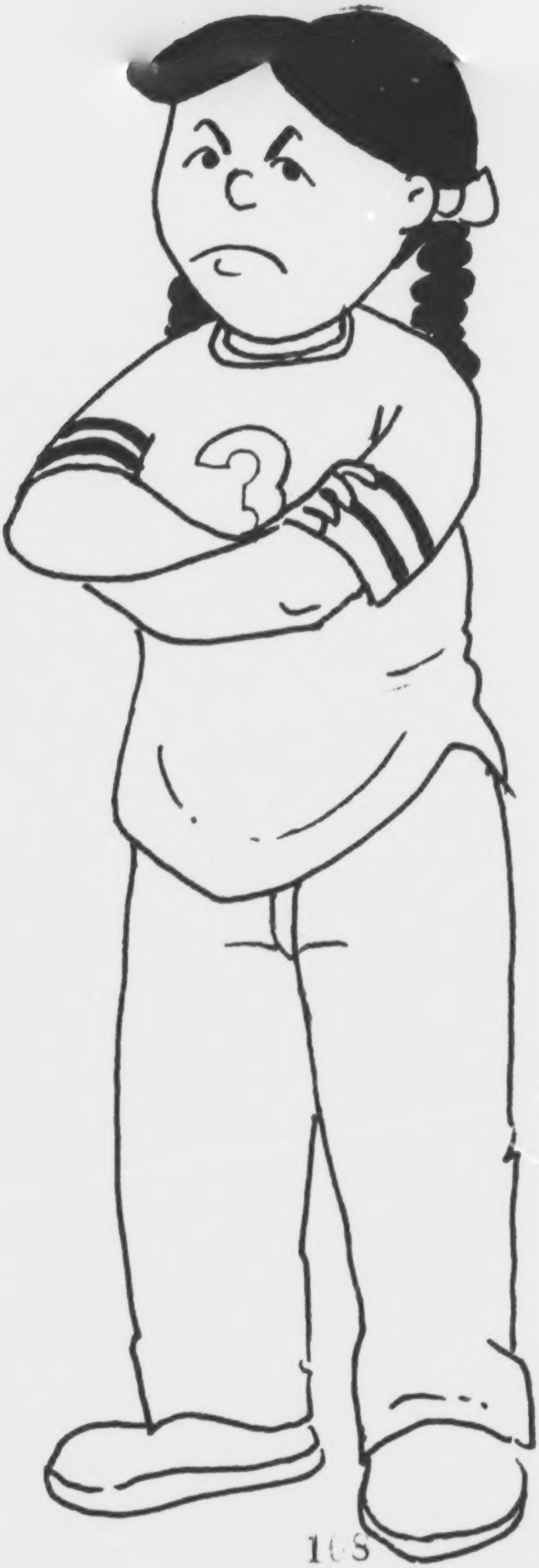
Happy	Scared	Worried
Sad	Lonely	Mad
Angry	Excited	



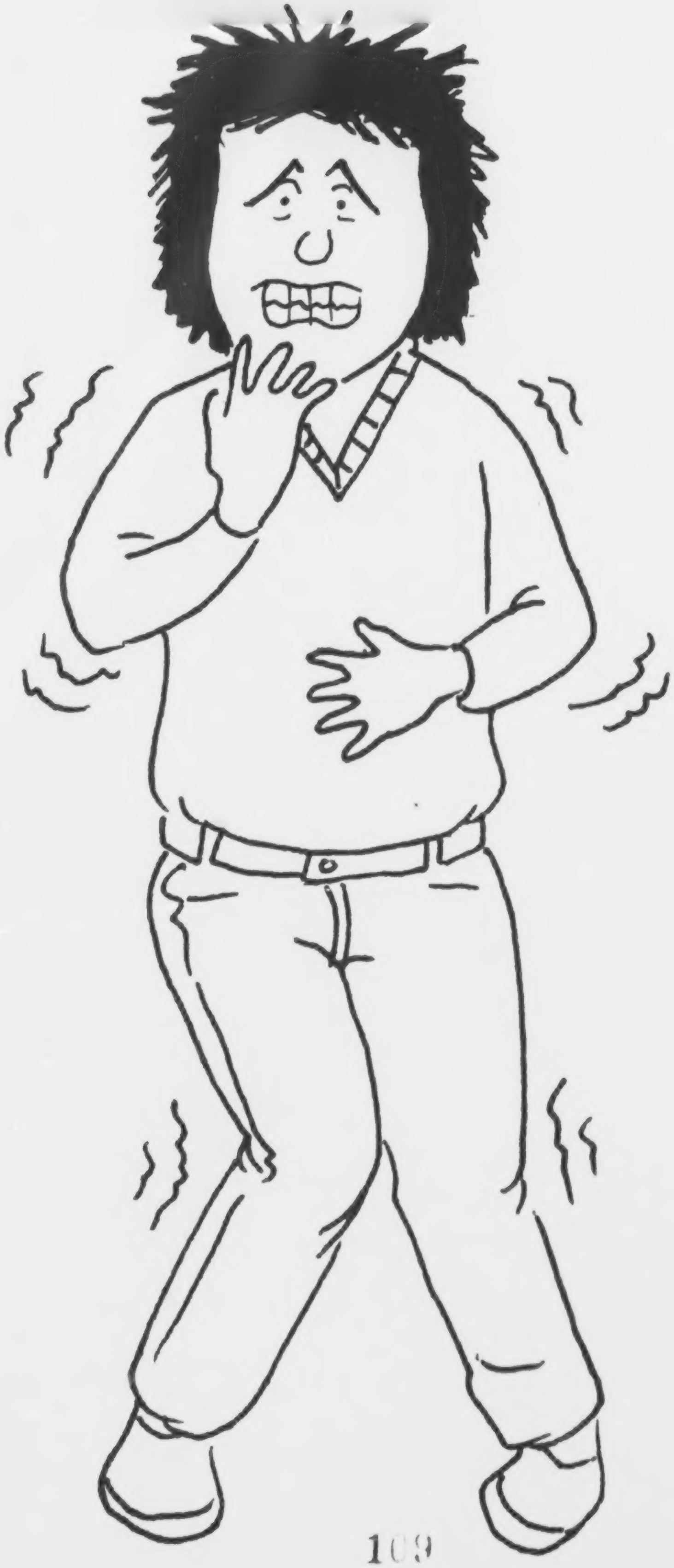
ME18A
happy



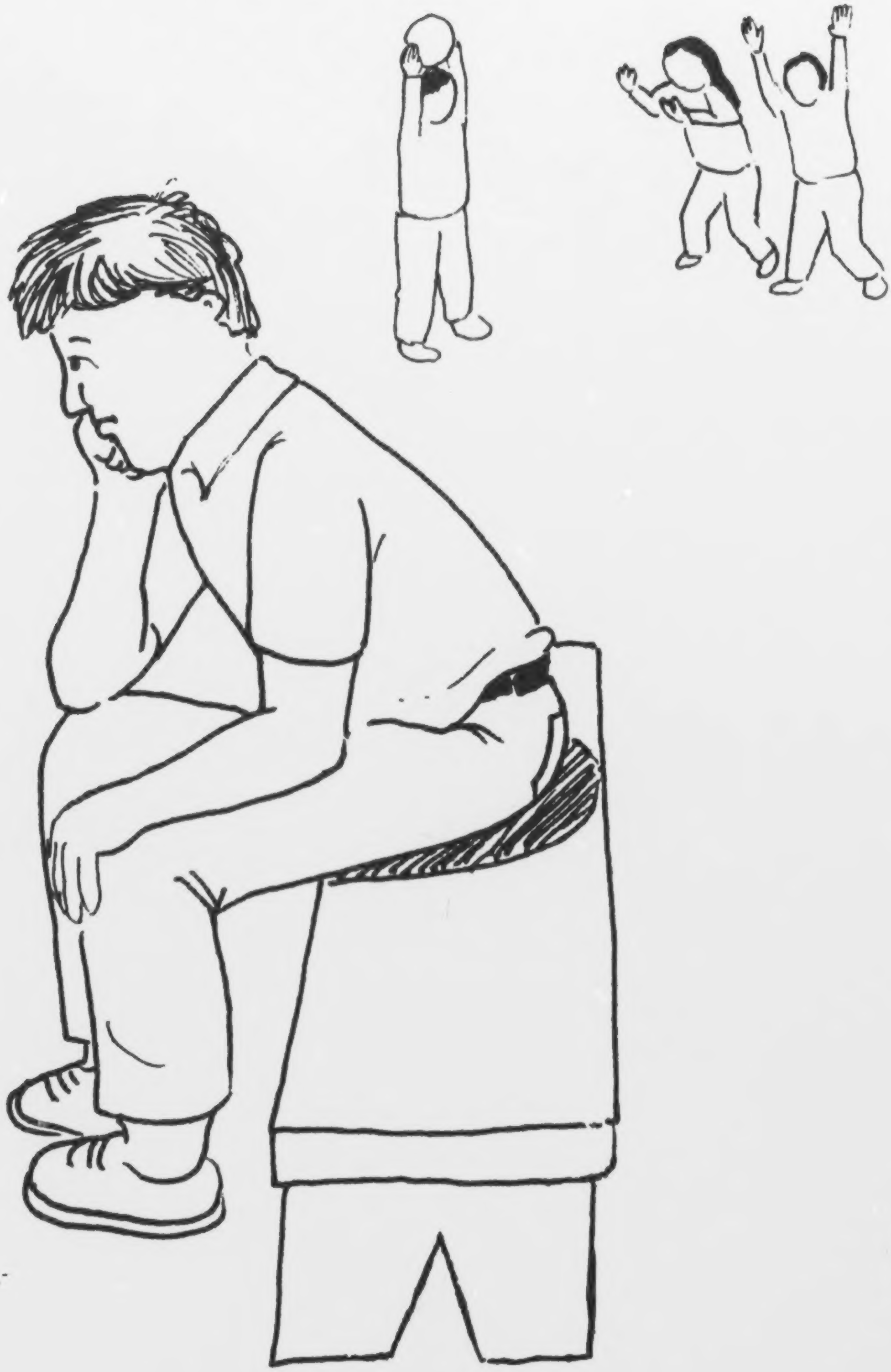
ME18B
sad



ME18C
angry (mad)

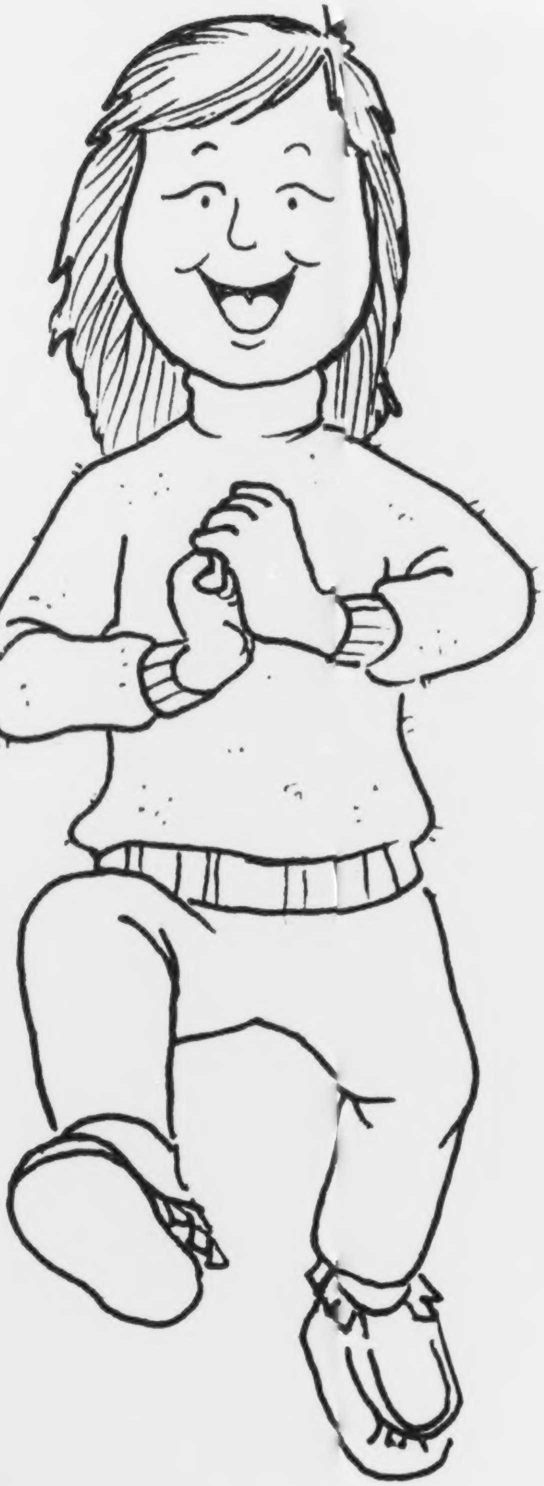


ME18D
scared

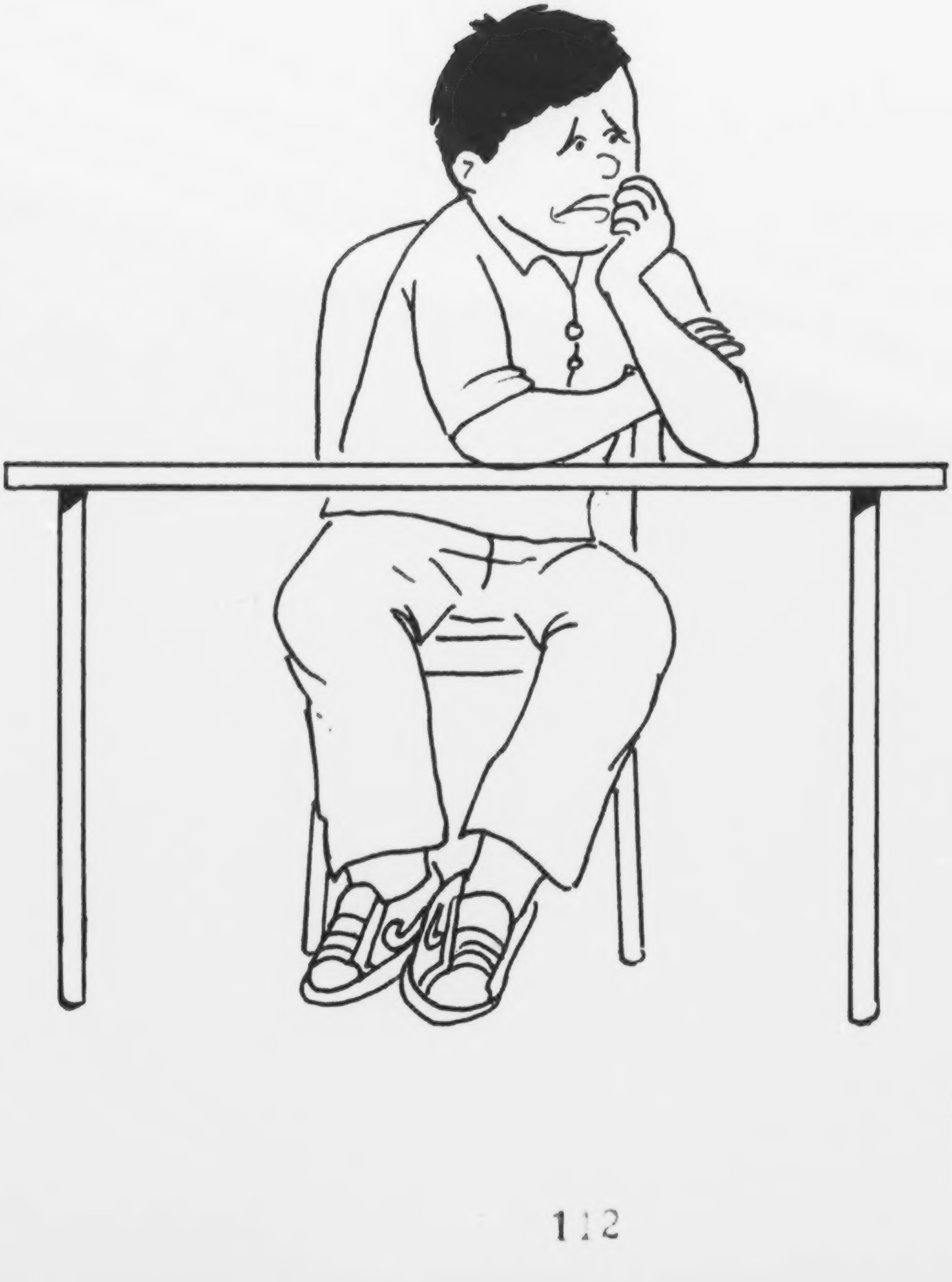


ME18E

lonely



ME18F
excited



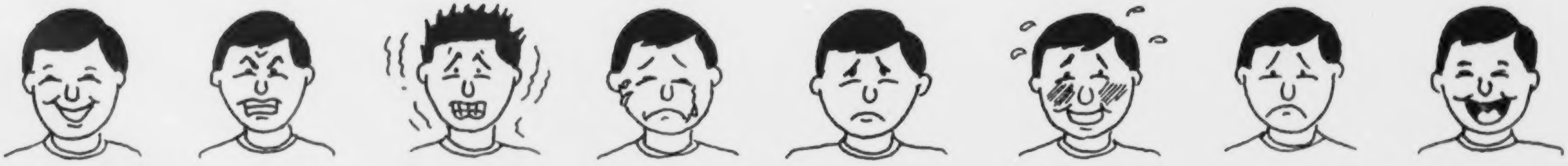
ME18G
worried

MY FEELINGS

I smile when I'm happy.
I scowl when I'm mad.
I shake when I'm scared.
I cry when I'm sad.

I ache when I'm lonely.
I scream when I'm bad.
I frown when I'm worried.
I laugh when I'm glad.

Margy Gilmour
Heather Nolsoe



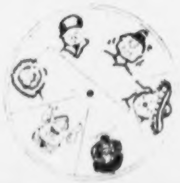
MENTAL AND EMOTIONAL WELL BEING

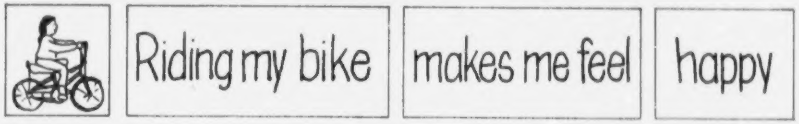
GRADE: 2 LESSON: 2 THEME: SELF AWARENESS

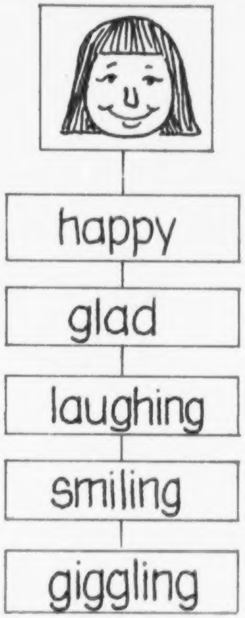
CONCEPT: EVERYONE HAS MANY DIFFERENT FEELINGS

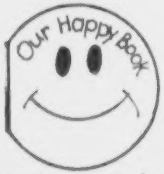
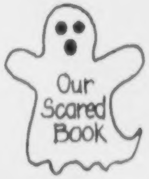
PREPARATION:
1. Prepare a class set of Feelings cards (Activity Sheet ME17 from Lesson 1)
2. Feelings wheel (Activity Sheet ME20)
3. Pocket chart
4. Situations (Activity Sheet ME21)
5. Blank cards, markers
6. Prepare a class set of My Feelings worksheet (Activity Sheet ME22)
7. "Circle of Feelings" song (Activity Sheet ME23)
8. Materials for Feelings books

VOCABULARY: feel, happy, sad, lonely, excited, angry (mad), scared, worried and synonyms

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify different feelings in terms of personal experiences	1. Review different feelings.	Use the Feelings cards and pictures from Grade Two, Lesson One.
	2. Identify situations which give them the different feelings.	Refer to Activity Sheet ME20. Display the feelings wheel on the blackboard and spin the pointer. 

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		According to where the pointer stops, ask, using the sentence pattern: What makes you feel (sad)___? Record student responses using a pocket chart and the sentence pattern as illustrated:  Riding my bike makes me feel happy Students take turns spinning the pointer and identifying a situation that makes them feel __________.
	3. Identify how they might feel in particular situations.	Refer to Activity Sheets ME17 and ME21. Give each student a set of Feelings cards. Read each situation and have students hold up the card showing how they would feel. Discuss reasons for individual feelings.
	4. Identify other words to describe feelings.	Use one set of Feelings cards from Student Activity 1. Ask students to name other words/feelings which describe each feeling. Write suitable responses on blank cards and arrange in lists as illustrated.

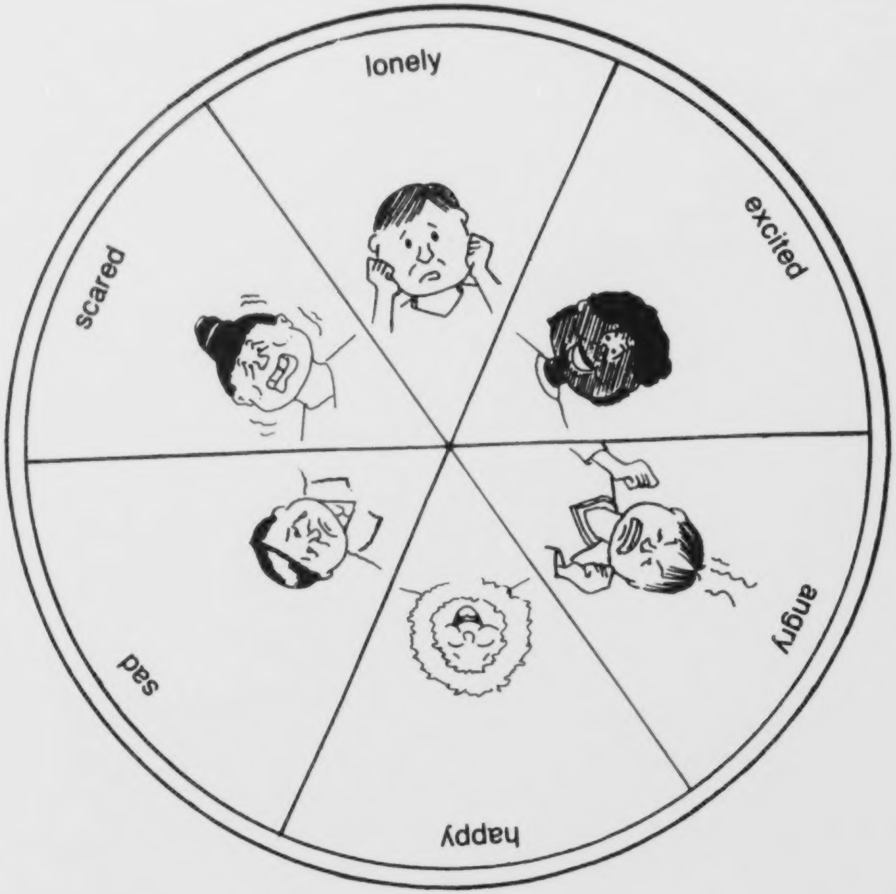
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		 happy glad laughing smiling giggling
	5. Complete the My Feelings worksheet.	Refer to Activity Sheet ME22. Teacher will have to go over the worksheet with students. Discuss.
	6. Learn the "Circle of Feelings" song.	Refer to Activity Sheet ME23. Distribute a copy of the song to each student.

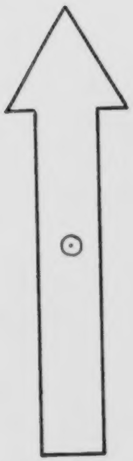
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	7. Make drawings for class books for each feeling.	Make the books in shapes which represent the feelings. E.g.,  Our Happy Book  Our Scared Book Have students write a sentence about what makes them feel that way. Share the books with other classes.

ME20

FEELINGS WHEEL

Directions: Use a brass paper fastener to attach pointer loosely to centre of circle.

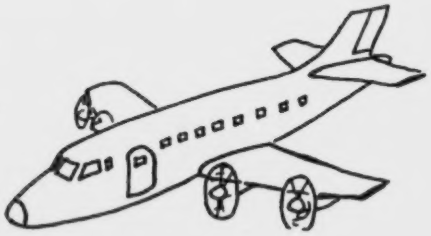

lonely
excited
angry
happy
sad
scared

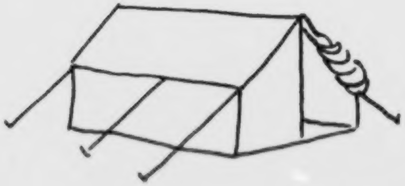


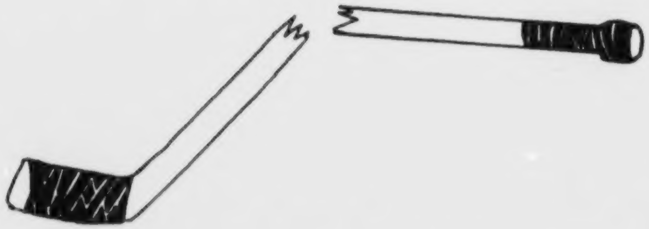
ME21

SITUATIONS

1. Your uncle gives you $2.00.
2. You have broken your friend's hockey stick.
3. Your best friend won't play with you.
4. You are going on the plane to Edmonton and Montreal.
5. Your sister hits you.
6. Your babysitter won't let you go out to play.
7. There's a bear near the school.
8. Your family is going camping.





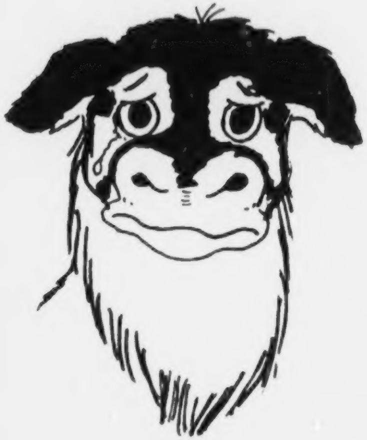


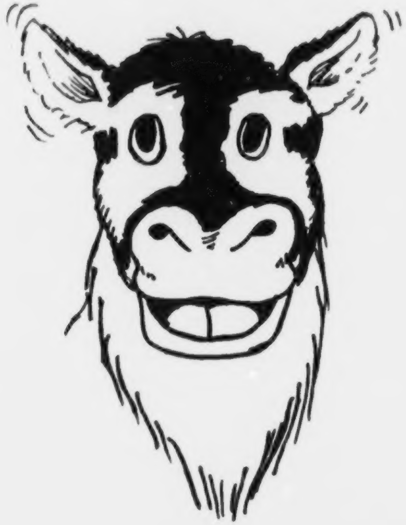
ME22

MY FEELINGS

Draw how each of these things makes you feel.

1. Your bike is broken.	2. You cut your leg.	3. You are going fishing.
4. A dog is growling at you.	5. Your brother broke your new toy.	6. Your best friend is going away.





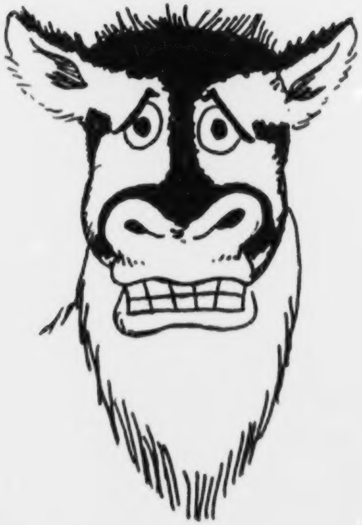
CIRCLE OF FEELINGS

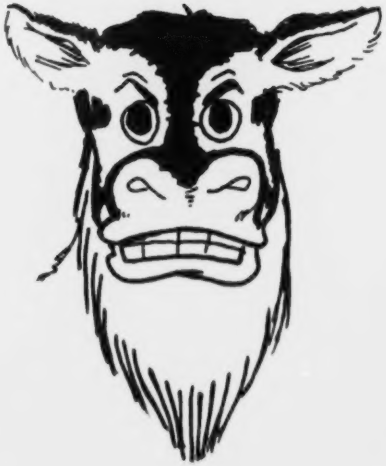
I have feelings.
You do too.
Let's all sing
About a few.

I feel happy.
I feel sad.
I feel scared.
And I feel mad.
I feel worried
And lonely.
They are feelings too,
You see.

I have feelings.
You do too.
Let's all sing
About a few.

(Tune: In A Cabin In The Wood)
Adapted by: Bob Imrie





MENTAL AND EMOTIONAL WELL BEING

GRADE: 2 LESSON: 3 THEME: SELF AWARENESS

CONCEPT: AWARENESS OF FEELINGS IS NECESSARY TO EXPRESS THEM APPROPRIATELY

PREPARATION:
1. Ways to Express Feelings worksheet (Activity Sheet ME24)
2. Activity Sheet ME21 from Lesson 2
3. A tape of different moods of music (e.g., sad, happy, etc.)
4. "If You're Happy and You Know It" song (Activity Sheet ME25)

VOCABULARY: appropriate, feeling, show, behave, hurt

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Student will be able to:	Students:	
		Regardless of cultural differences in expressing feelings, the way in which people show their feelings should not: - hurt oneself - hurt other people - damage property
i) identify ways of appropriately expressing feelings	1. Identify appropriate ways to express feelings in given situations.	Refer to Activity Sheet ME24. Read each situation and the two ways to express feelings created by the situation. Students identify which of the two ways to express feelings is the more appropriate behaviour.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Identify appropriate ways to verbally and physically express feelings.	Refer to Activity Sheet ME 21. Using the situations from Lesson Two, Student Activity 3, ask students what they would say and do to show their feelings appropriately in each situation. Make an experience chart showing their responses. Use the sentence pattern as illustrated. What would you (say/do) to show how you felt? I would _________. Say 1. "Hooray." 2. "I'm sorry." 3. "Phooey." Do 1. Jump up and down. 2. Look sorry. 3. Hang my head down.
ii) demonstrate ways of appropriately expressing feelings	3. Demonstrate appropriate ways to express feelings in given situations.	Have students in pairs act out some of the situations from Student Activity 2. The other students guess which situation it is and indicate whether the feelings are demonstrated appropriately or not.
	4. Listen to different kinds of music, and move the way the music makes them feel.	Play the tape of different moods of music and have students move around the room acting out how the music makes them feel. Point out that their bodies behave in certain ways depending upon how they feel.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	5. Sing "If You're Happy And You Know It."	Refer to Activity Sheet ME25.

ME24

WAYS TO EXPRESS FEELINGS

Feelings	Situations	Expression of Feeling
1. Happy	I've just shot two caribou.	a) I jump in the air and yell "Yahoo." b) I fire my gun until it's empty.
2. Sad	My camping trip is cancelled because my ski-doo breaks down.	a) I tell a friend what has happened. b) I sit around the house moping.
3. Angry	I see someone throw a rock through one of my windows.	a) I hit him/her. b) I tell him/her I'm going to the R.C.M.P.
4. Lonely	I'm tired of sitting around the house with my sprained ankle.	a) I invite friends over. b) I sit and watch T.V.
5. Excited	I've just won a lottery.	a) I tear around town on my ski-doo. b) I tell all my friends.
6. Worried	My friend doesn't come home from the Bingo.	a) I sit and worry about her. b) I call friends to see if she is there.

IF YOU'RE HAPPY AND YOU KNOW IT

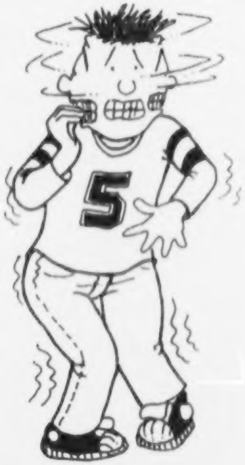
1. If you're happy and you know it, clap your hands.
   If you're happy and you know it, clap your hands.
   If you're happy and you know it, and you really want to show it,
   If you're happy and you know it, clap your hands!

2. If you're sad and you know it, cry some tears....

3. If you're angry and you know it, stamp your feet....

4. If you're scared and you know it, shake and shiver....

Traditional



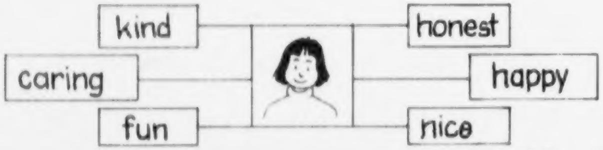
MENTAL AND EMOTIONAL WELL BEING

GRADE: 2 LESSON: 4 THEME: RELATIONSHIPS

CONCEPT: EVERYONE NEEDS FRIENDS

PREPARATION:
1. Pocket chart and sentence strips
2. Materials to make the "Gallery of Friends"
3. Heart worksheet (Activity Sheet ME26)

VOCABULARY: friend, plus words which students identify related to friendship

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	The next two lessons relate to Social Studies, Grade 1, Topic C: I Live With Others.
i) identify personal qualities and behaviours that promote friendship	1. Identify positive behaviours that promote friendship.	Have students think about one of their friends. Have them think about things their friend does which makes them a friend. Use a pocket chart. 

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Identify their own behaviours that promote friendship.	Repeat Activity one, but focus on students' own behaviours. Compare the two lists. They should be similar.
ii) describe the importance of friends	3. Tell how they feel when they are with their friends.	Ask students to talk about how their friends make them feel. Feelings should include: - happy - lucky - special
	4. Describe why it is important to have friends.	Ask students to imagine what it would be like with no friends. Feelings should include: - lonely - sad
	5. Make a "Gallery of Friends."	Refer to Activity Sheet ME26. Have students draw or paint a picture of one of their friends and write a sentence about why that person is their friend. Put the picture and sentence inside a heart. Display on a bulletin board.

ME26

MENTAL AND EMOTIONAL WELL BEING

GRADE: 2 LESSON: 5 THEME: RELATIONSHIPS

CONCEPT: EVERYONE NEEDS FRIENDS

PREPARATION:
1. Arrange with four students to take part in Student Activity 1
2. Index cards, felt pens
3. Prepare a class set of "I Want To Be Your Friend" song (Activity Sheet ME27)

VOCABULARY: friendly, unfriendly, words related to friendship

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify ways of making friends	1. Identify behaviours which are likely to promote friendship.	Prior to the class, arrange with four students to roleplay various behaviours towards a new student. Have one pair roleplay friendly behaviours towards a new student; the other unfriendly. Behaviours should include: Friendly: - helping - sharing - being kind - happy - saying "Hi!" Unfriendly: - pushing - hitting - calling names - crying, yelling, etc.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Have the four roleplayers work in pairs. Introduce the first pair to the class (i.e., "This is Simon. He is new in town. This is Alexis who has lived here all his life.") Have the first pair act out their behaviours. Students must identify what behaviours they observed. List these on the board. Repeat the activity with the second pair of roleplayers. Ask students which pair of roleplayers is likely to become friends. Have students compare the two lists to identify which behaviours are likely to promote friendship. Have them identify and label the lists as "Friendly" and "Unfriendly" behaviour. Ask them if they can add any behaviours to the friendly behaviours list. Answers might include: - telling the new student my name - asking the new student his/her name - asking the new student to play (Students should realize that making friends requires effort on the part of both the newcomer and those already part of the class/group.)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		To reinforce the friendly behaviours conduct a chain drill as follows: Teacher: What can you do to make friends? First student: One thing you can do to make friends is (share a toy) . First student: What can you do to make friends? Second student: One thing you can do to make friends is (say "Hi!") . Continue until all students have had a turn.
ii) demonstrate ways of making friends	2. Demonstrate ways of making friends.	Divide the class into groups of five or six. Write each of the ways of making friends (as identified in the previous activities) on an index card. Prepare a set of cards for each group. Students take turns drawing a card and acting out what the card says, while the rest of the group has to guess which technique for making new friends is being acted out.
	3. Learn "I Want To Be Your Friend."	Refer to Activity Sheet ME27. After singing the song encourage students to make new verses.

I WANT TO BE YOUR FRIEND

1. Hi! My name is Mary Rose,
Mary Rose, Mary Rose.
Hi, my name is Mary Rose.
I want to be your friend.

2. I would like to know your name,
Know your name, know your name.
I would like to know your name.
I want to be your friend.

3. Would you like to play with me,
Play with me, play with me?
Would you like to play with me?
I want to be your friend.

4. You can have my other ball,
Other ball, other ball.
You can have my other ball.
I want to be your friend.

5. We'll have lots of fun together,
Fun together, fun together.
We'll have lots of fun together.
We'll be best of friends!

(Tune: "Mary Had A Little Lamb")
Helen Balanoff
Heather Nolsoe
Margy Gilmour

MENTAL AND EMOTIONAL WELL BEING

GRADE: 2 LESSON: 6 THEME: COPING

CONCEPT: STRESSFUL SITUATIONS ARE A PART OF EVERYONE'S LIFE

PREPARATION: 1. Art materials - 8 1/2" x 11" paper, construction paper, felt pens, crayons, etc.

VOCABULARY: worried, relax

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify stressful situations	1. Identify feelings involved in stressful situations.	Read the following scenario to the students. John was playing ball. He kicked the ball and broke a window. The police told him his father would have to pay for it. Or use a concrete situation for your class/community which would cause a student to feel worried, frightened or excited. Or find a picture of a student doing something which might cause him/her to feel worried, frightened or excited.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Discuss the chosen scenario/picture leading students to the conclusion that the person in the scenario/picture probably feels worried.
	2. Identify situations which they think might cause people to feel worried, frightened or excited.	Make an experience chart. At the top of the chart write the sentence pattern: People might (be scared) when they ________. (be excited) (worry) - get a new teacher - have a new baby in the family - have someone in the family who is sick - make a mistake - do something they know is wrong/break rules - are going on a plane Students should understand from the discussion that we feel worried, frightened or excited: - when we don't know what's going to happen - when we try to guess what might happen - about things that have happened Even happy situations may be stressful, e.g., taking part in the school concert.
	3. Make drawings for a class book.	Have each student and the teacher contribute to the book. Use drawings or pictures and the caption "I was worried (frightened, excited) when...." for each page. Students might identify "sensitive" topics such as "I was worried when my mom came home drunk."

<table>
<tr><th>OBJECTIVES</th><th>STUDENT ACTIVITIES</th><th>TEACHER NOTES</th></tr>
<tr><td>ii) identify ways of dealing with stressful situations</td><td>4. Identify what they do to help them feel better when they feel worried, frightened or excited about something.</td><td>Act out ways to deal with stressful situations. Students should identify what the behaviour is. Methods of coping could include:
- talking to a friend/parent
- reading a book
- listening to music
- going for a walk
- watching T.V.
- holding the hand of someone you trust</td></tr>
<tr><td></td><td>5. Suggest possible ways of handling specific stressful situations.</td><td>Use the situations identified by students and teacher in the class. Make an experience chart as illustrated below.
<table>
<tr><th>What Happened</th><th>What You Can Do</th></tr>
<tr><td>drinking at home
argument with best friend
concert at school</td><td>go to a friend's house</td></tr>
</table></td></tr>
<tr><td></td><td>6. Practise relaxing.</td><td>Have students pretend to be Raggedy Ann or Andy dolls. They can relax or "flop" different parts of their bodies individually, then their whole body.

Have students put their heads on their desks, close their eyes and imagine things they like to think about:
- ice fishing on a warm, sunny, spring day
- flying like a bird
- eating fresh, hot bannock
- etc.</td></tr>
</table>

GRADE 2

TEACHER BACKGROUND INFORMATION

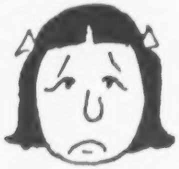
MENTAL AND EMOTIONAL WELL-BEING

MENTAL AND EMOTIONAL WELL BEING

Mental and emotional well-being refers to how a person feels, thinks and acts. If s/he feels "good", this translates into positive feelings, positive relationships with other people, decisiveness and an ability to cope with the stresses of every day life. A person who does not feel "good" has difficulty forming worthwhile relationships and has difficulty functioning in every day life. People derive those feelings about themselves, in large part, from the attitudes towards them of significant people in their lives.

Poor Mental and Emotional Well-Being

Low Self-Esteem



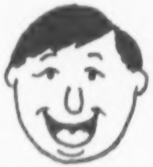
Significant People
- family
- friends
- peers
- teachers
- elders
- church leaders
- community members
- other people

Attitudes
- anger
- rejection
- distrust
- discouragement
- "put downs"

Behaviours
- failure
- fear
- guilt
- aggression
- withdrawal
- mistrust

Healthy Mental and Emotional Well-Being

High Self-Esteem



Significant People
- family
- friends
- peers
- community members
- teachers
- elders
- church leaders
- other people

Attitudes
- love
- care
- acceptance
- encouragement
- trust

Behaviours
- success
- enthusiasm
- responsibility
- creativity
- co-operation
- ability to cope

The Mental and Emotional Well-Being Unit of the Health program aims to enable students to function effectively in a social context. An increase in self-understanding will lead to an enhancement of self-esteem. Together with the acquisition of decision-making, communication and coping skills, they will lead to an improvement in student's mental and emotional well-being, and in their ability to function effectively socially.

The school can contribute greatly in the development of a healthy mental and emotional well-being, through the attitudes of staff, and the atmosphere in both the classroom and the school. Positive attitudes and a positive atmosphere will enhance students' self-esteem.

For that reason, the creation of a positive classroom atmosphere is essential for teaching this unit. (Refer to "Introduction: Building a Positive Classroom tmosphere.") Since the unit deals with very personal topics (students are, after all, learning about themselves, and nothing can be more personal than that!), teachers should be aware of the need for sensitivity and respect. Students should all be given the opportunity to participate in discussions, but should also be given the opportunity to pass, if they feel uncomfortable in sharing information with others. Students, and teachers, will gradually become more accustomed to the teaching methods used in this unit, and will soon begin to feel quite comfortable with the unit. Pilot testing of this unit indicated that students were hesitant for the first two or three lessons, but then really enjoyed learning about themselves!

Because of the personal nature of the unit, teachers must become familiar with their cultural appropriateness. Different cultural groups have different values regarding the self, as opposed to the group. They have different ways of appropriately expressing (or not expressing) feelings. Teachers should adapt the materials as necessary to fit the local situation. Wherever possible, members of the local culture should teach culturally sensitive topics to enhance and reinforce students' understanding of these topics within the appropriate cultural context.

GROWTH AND DEVELOPMENT

GRADE: 2 LESSON: 1 THEME: BODY SYSTEMS

CONCEPT: THE SENSE OF SIGHT HELPS PEOPLE LEARN ABOUT THE ENVIRONMENT AND IS IMPORTANT FOR HEALTH

PREPARATION:
1. Collect five to eight objects familiar to students
2. Blindfolds for half of the class
3. Set up an obstacle course in the classroom, gym or playground

VOCABULARY: danger, safe, see, vocabulary as necessary for Student Activities 4 and 7

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) name and locate the body parts responsible for sight	1. Name and locate the body parts that they use to see.	(This is a review from Kindergarten.) Ask students to point to and name the body parts that they use to see.
ii) identify the functions of the eyes	2. Play the "What Did You See?" game.	Select five to eight objects. Place on a desk top. Ask students to name each object. Students close their eyes while the teacher removes or rearranges the objects. Students try to identify the changes.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Tell what the eyes do.	Emphasize that the eyes enable people to: - see - learn about their world/enjoy their world (colour, shape, etc.) - keep safe
iii) describe the importance of sight	4. Describe various objects while blindfolded and then without a blindfold.	Blindfold some students. Ask them to describe various objects while blindfolded. Then ask them to do it without the blindfold. Select a variety of objects, e.g., - a picture of an animal - a colourful picture from a magazine - objects of different textures, shapes and colours
	5. Lead a blindfolded student around an obstacle course.	Students work in pairs. Blindfold one student from each pair. The other student leads his/her partner around an obstacle course. Care must be taken to ensure safety of students.
	6. Describe why sight is important.	Make an experience chart using the following and other situations. Students respond using the sentence pattern: When I see (situation) my eyes (use) ____.

GRADE 2

GROWTH AND DEVELOPMENT

OBJECTIVES

STUDENT ACTIVITIES

7. Play "I Spy With My Little Eye."

TEACHER NOTES

Situation	Use
flames	warn me of danger
sun, flowers, animals	help me learn about my world/ enjoy my world

Use descriptions, e.g.,
"I spy with my little eye something which is round and smooth."

GROWTH AND DEVELOPMENT

GRADE: 2 LESSON: 2 THEME: BODY SYSTEMS

CONCEPT: THE SENSE OF SIGHT HELPS PEOPLE LEARN ABOUT THE ENVIRONMENT AND IS IMPORTANT FOR HEALTH

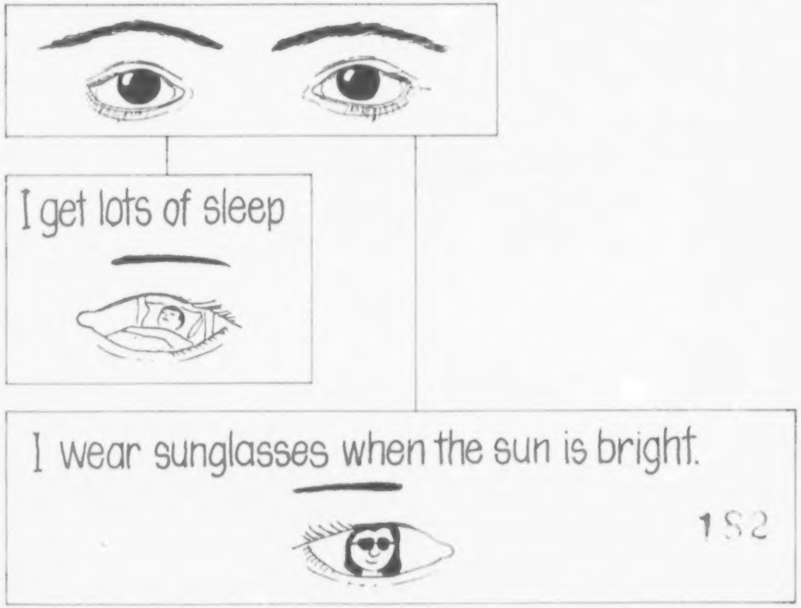
PREPARATION:
1. Prepare a class set and an overhead transparency of The Eye (Activity Sheet GD13)
2. Colouring materials
3. Collect props for Student Activity 6 e.g., sunglasses, dirt, etc.
4. Pocket chart and sentence strips
5. Materials for mobile

VOCABULARY: protect, blink, water, eyelashes, eyelids, pupils, tear ducts

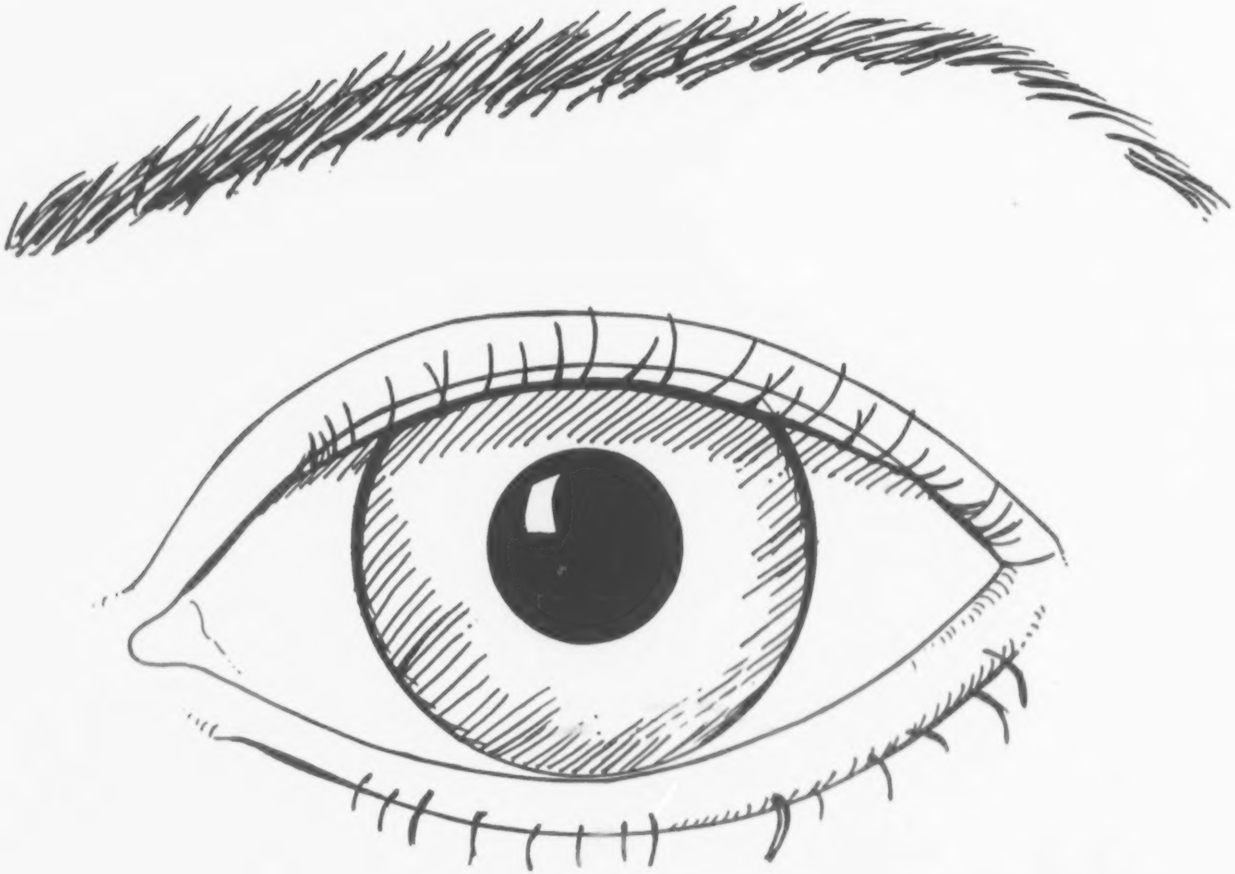
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) describe how the eyes protect themselves	1. Observe how the eyes protect themselves.	Have one student stand in front of the class with his/her eyes open. Perform an action which will make him/her blink. Actions might include: - clapping hands near the eyes - waving a piece of paper in front of the eyes Ask students what they saw happen in the person's eyes.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Ask students if they have ever had something in the eye. Discuss what happens. When an object comes too close, the eyes: - blink - water
	2. Describe how the eyes protect themselves.	Refer to Activity Sheet GD13. Use an overhead transparency and discuss. Points to include are: - eyelashes and eyelids protect the eyes from dust and dirt and warn us through the sense of touch when something is too close to the eyes - eyes are set back in the head to provide some protection - tear ducts drain tears from the eyes
	3. Colour the diagram of the eye.	Refer to Activity Sheet GD13.
	4. Observe what happens to the eyes when sudden changes in light occur.	Have students work in pairs. Darken the classroom for a few minutes, then suddenly switch on the lights. Students observe what happens to their partner's eyes (pupils). If students have a cat at home, they can observe the cat's eyes when sudden changes in light occur.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) identify ways to protect the eyes	5. Identify what they should do if something gets in the eyes.	Encourage students to: - not rub the eye - sit quietly with eyes closed - rinse with cool water if particle is still in eye - tell an adult they trust
	6. Name things to do to protect the eyes.	Ask students what things they can do to protect their eyes. Use props to stimulate student responses. Props may include: - water - sunglasses/hat - sand - helmet with face mask Have students respond using the sentence pattern. Record their responses using a pocket chart as illustrated. I can protect my eyes by | not throwing sand wearing sunglasses Discussion should include: - washing eyes daily with clear water - not rubbing eyes - wearing sunglasses and/or a hat on a bright day - not throwing sand, dirt or other materials at people's faces

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		- wearing protective gear in sports, e.g., hockey helmet with face mask, ski goggles - keeping sharp objects, e.g., scissors, away from eyes - getting adequate rest and sleep - not sitting too close to the television - having regular eye check ups - reporting eye problems to an adult
	7. Make a class mobile of different ways to protect the eyes.	Have each student illustrate and write a sentence about two ways to protect the eyes. Make them into a mobile in the shape of eyes.  I get lots of sleep I wear sunglasses when the sun is bright.

THE EYE



GROWTH AND DEVELOPMENT

GRADE: 2 LESSON: 3 THEME: BODY SYSTEMS

CONCEPT: THE SENSE OF HEARING HELPS PEOPLE LEARN ABOUT THE ENVIRONMENT AND IS IMPORTANT FOR HEALTH

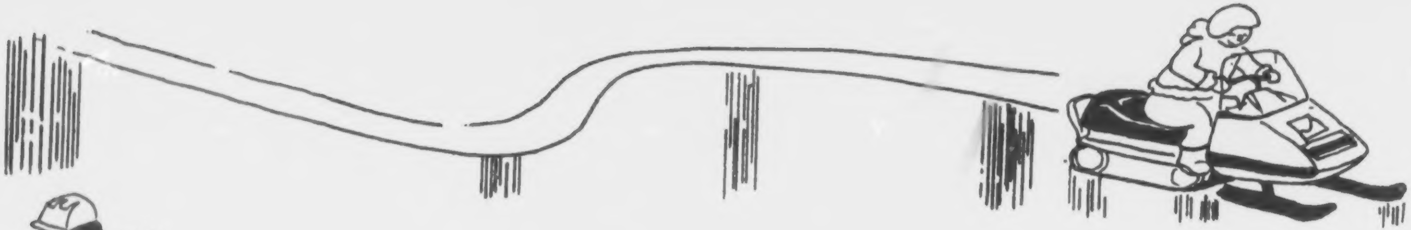
PREPARATION:
1. Collect a number of objects which make different sounds - e.g., bell (or tape record a variety of sounds) for Student Activity 3
2. "The Skidoos On The Ice" song (Activity Sheet GD14)
3. Prepare a class set of "My Noisy World" worksheet (Activity Sheet GD15)
4. Prepare tape for listening centre for Student Activity 5

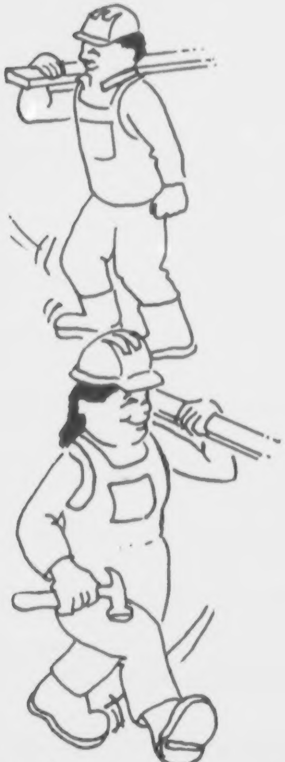
VOCABULARY: hear, danger, safe

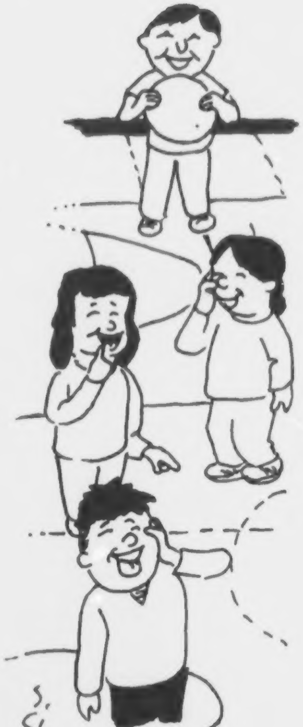
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) name and locate the body parts responsible for hearing	1. Name and locate the body parts that they use to hear.	This is a review from Kindergarten.
ii) identify the functions of the ears	2. Play the "What Did You Hear?" game.	Have students close their eyes and listen carefully for sounds. The sounds may be in the classroom, in the hallways, in the next classroom, etc. Examples might be: - someone coughing - someone running, etc.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		At the end of a short period of time, ask students to identify all the sounds they heard when their eyes were closed.
iii) describe the importance of hearing	3. Describe why hearing is important.	Use real objects to make different sounds, or a tape recording of different sounds. Have students close their eyes and put their heads down on their desks. Make/play tape of various sounds. After each sound students respond using the sentence pattern: When I hear (name of sound) my ears (warn me of danger/help me learn about my world/enjoy my world.) Discuss what it would be like if they could not hear.
	4. Learn "The Skidoos On The Ice" song.	Refer to Activity Sheet GD14.
	5. Complete "My Noisy World" worksheet.	Refer to Activity Sheet GD15. Prepare a tape for use in the listening centre with Activity Sheet GD15 by recording the following directions to students on the tape:

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		1. Listen carefully. 2. Take an activity sheet. 3. Colour the things in the picture that are noisy. 4. Count how many things are making a noise. 5. Write down how many things are noisy. 6. Put a cross on each thing which is not making a noise. 7. Use the sentence pattern to write about one of the illustrations.







THE SKIDOOS ON THE ICE

1. The skidoos on the ice go
brrm, brrm, brrm,
brrm, brrm, brrm,
brrm, brrm, brrm.
The skidoos on the ice go
brrm, brrm, brrm,
What a lot of noise!

2. The children in the gym laugh
"ha, ha, ha,"....

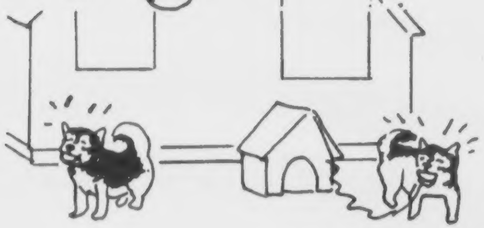
3. The dogs by the house bark
"woof, woof, woof,"....

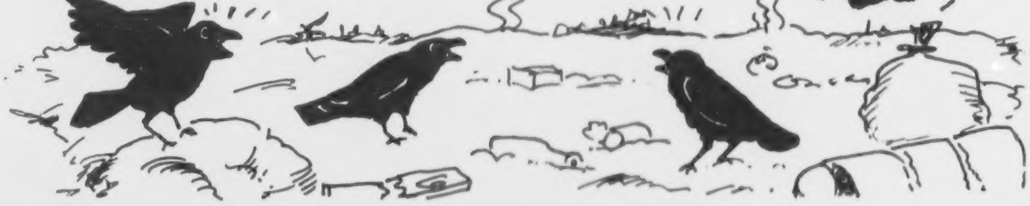
4. The workers in their boots go
thump, thump, thump....

5. The ravens at the dump croak
"caw, caw, caw,"....

(Tune: The Wheels On The Bus)

Adapted by: Margy Gilmour
Heather Nolsoe
Helen Balanoff
Cathy McGregor





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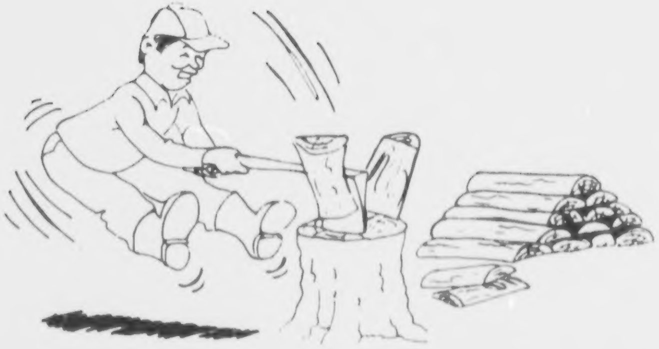
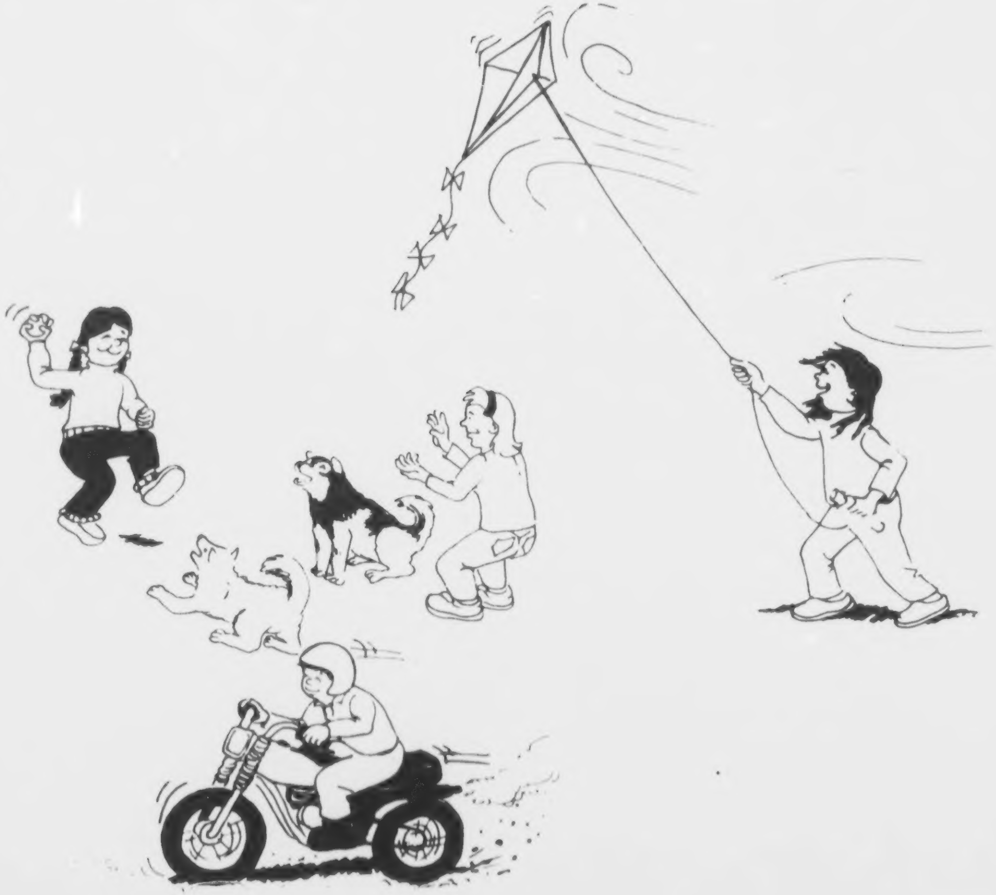
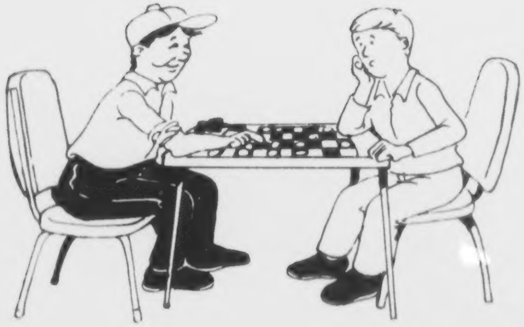
GD15

MY NOISY WORLD







GROWTH AND DEVELOPMENT

GRADE: 2 LESSON: 4 THEME: BODY SYSTEMS

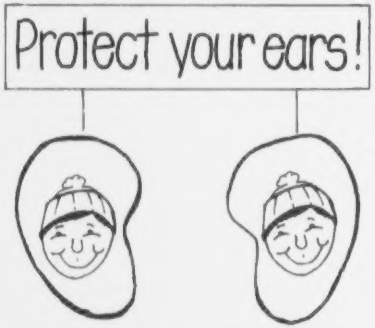
CONCEPT: THE SENSE OF HEARING HELPS PEOPLE LEARN ABOUT THE ENVIRONMENT AND IS IMPORTANT FOR HEALTH

PREPARATION:
1. Collect props for Student Activity 2 - e.g., tissue, toque, etc.
2. Materials for mobile
3. Pocket chart and sentence strips
4. If the community has a safety officer, invite him/her to talk to the class

VOCABULARY: wax, protect, yawn, swallow

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) describe how the ears protect themselves	1. Observe their partner's ears and discuss how the ears protect themselves.	Introduce the lesson by asking students if they have ever had wax in their ears. Ask what the wax does. It helps protect the ear. Ask students to yawn. Where can they feel the yawn? Emphasize that: - the head protects the inside of the ear - ear wax protects the inside of the ear - yawning and swallowing reduce pressure inside the ear

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) identify ways to protect the ears	2. Name things to do to protect the ears.	Ask students what things they can do to protect their ears. Use props to stimulate student responses. Props may include: - toque - beads - tape recorder - tissue - ear plugs Have students respond using the sentence pattern. Record their responses using a pocket chart as illustrated. I can protect my ears by | wearing a hat washing my ears Discussion should include: - washing ears with clean cloth daily - keeping objects out of ears - opening mouth slightly when blowing nose - avoiding claps to the ears - avoiding loud and constant noises, e.g., radio, T.V., stereo, machines - covering ears properly in windy and/or cold weather - having regular hearing check-ups - reporting pain and discharge from the ears to an adult

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Make a class mobile of different ways to protect the ears.	Have each student illustrate and write a sentence about two ways to protect the ears. Make them into a mobile in the shape of ears.  Protect your ears!
	4. Look for people protecting or not protecting their ears or eyes.	Go for a walk in the community. Places may include: - airport - N.C.P.C. - D.P.W. - etc. If possible, have students discuss with the workers why and how they protect their ears and eyes. Some communities may have a safety officer. If there is one in your community, invite him/her to talk about ways to protect ears and eyes on the job.

GROWTH & DEVELOPMENT

GRADE: 2 LESSON: 5 THEME: LIFESTYLE

CONCEPT: PEOPLE CAN DEVELOP POSITIVE HEALTH HABITS

PREPARATION:
1. Collect hygiene products and pictures for healthy habits - e.g., soap, someone sleeping, comb, etc.
2. Pocket chart and sentence strips
3. Art materials for a class book
4. The "Healthy Me" song (Activity Sheet GD16)

VOCABULARY: clean, brushing, washing, playing outside, sleeping

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OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify positive health habits	1. Name ways to keep themselves healthy.	Ask students what things they can do to keep themselves healthy. Use props and pictures to stimulate student responses. Props and pictures may include: - soap, wash cloth, towel - toothbrush, toothpaste - nailfile, nailbrush - shampoo, comb, brush - someone sleeping - food - exercise

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Have students respond using the sentence pattern. Record their responses using a pocket chart as illustrated. I can keep myself healthy by | washing brushing my teeth Discussion should include: - keeping skin clean - brushing teeth - combing hair - eating breakfast - cleaning finger nails - playing outside - having adequate rest - coughing (sneezing) in tissue - telling an adult you trust if you feel sick - using your own health products, e.g., toothbrush - keeping surroundings clean and tidy
ii) practise positive health habits	2. Demonstrate positive health habits that promote health and prevent disease.	Distribute the props and pictures from Student Activity 1. Students act out positive health habits and name them using the sentence pattern. I can keep myself healthy by (exercising).

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Illustrate one positive health habit. Make pictures into a class book of positive health habits.	Have each student illustrate one positive health habit. Make these into a book. Share the books with other classes.
	4. Learn the "Healthy Me" song.	Refer to Activity Sheet GD16. Encourage students to keep a bag with some hygiene products in it for school use.

GD16

HEALTHY ME

1. I know how to stay healthy,
Stay healthy, stay healthy.
I know how to stay healthy
Healthy me!

2. I always wash my hands and face....
Healthy me!

3. I always brush and floss my teeth....
Healthy me!

4. I always comb and brush my hair....
Healthy me!

5. I always jump and skip and run....
Healthy me!

6. I always eat the four food groups....
Healthy me!

7. I always sleep enough at night....
Healthy me!

(Tune: London Bridge is Falling Down)
(Students can do appropriate actions.)
Adapted by: Helen Balanoff

GROWTH AND DEVELOPMENT

GRADE: 2 LESSON: 6 THEME: HEALTH CARE SYSTEM

CONCEPT: HEALTH WORKERS AND HEALTH SERVICES ARE AVAILABLE

PREPARATION:
1. Arrange a visit to the nursing station and/or other places where there are health care workers
2. Arrange for a health care worker to visit the class and explain his/her job
3. Prepare a class set of the "Health Care Workers" worksheet (Activity Sheet GD17)
4. Pocket chart and sentence strips

VOCABULARY: nurse, doctor, dentist, dental therapist

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	This lesson relates to Social Studies, Grade 2, Topic A: People In My Community. If you have already taught this concept and its related objectives in Social Studies, it is sufficient to review the material in this lesson with students. If you have not taught this specific objective before, you should teach the whole lesson.
i) identify the primary health care providers in the community	1. Visit the nursing station or other places where there are health care workers.	Examples of health care providers are: - nurse - doctor - dentist - dental therapist

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Discuss health care workers who live in other communities and visit your community. Prior to going on the visit, establish: - where the class is going - why - what students should look for - some questions to ask Activities related to the visit can include: - taking photographs of the health care worker - marking the various locations of the health care workers on a community map - marking the locations of health care workers who come from another community (e.g., from the regional centre) on a map of the N.W.T. - making a calendar of how often these health care workers visit the community
ii) identify the roles of the health care providers	2. Identify what the health care workers do.	Refer to Activity Sheet GD17. Students can make the health care worker outlines into stick puppets which they hold up during the discussion. Ask students what each of the health care workers does. Have students respond using the sentence pattern. Record their responses using a pocket chart as illustrated.

OBJECTIVES

STUDENT ACTIVITIES

3. Roleplay what the health care worker does.
4. Write a story about a visit to a nursing station, hospital or dentist.

TEACHER NOTES

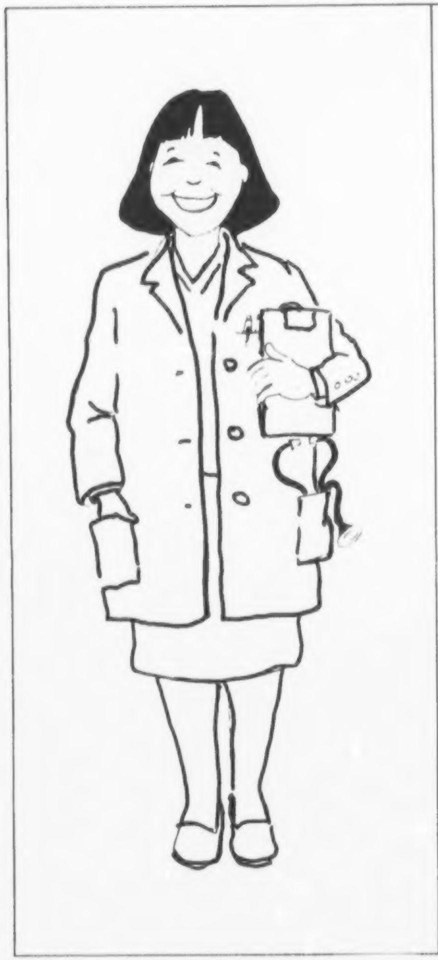
The nurse	looks at	your tongue
		your eyes
The dentist	looks at	your teeth

If possible invite a health care worker to class to explain her/his job.

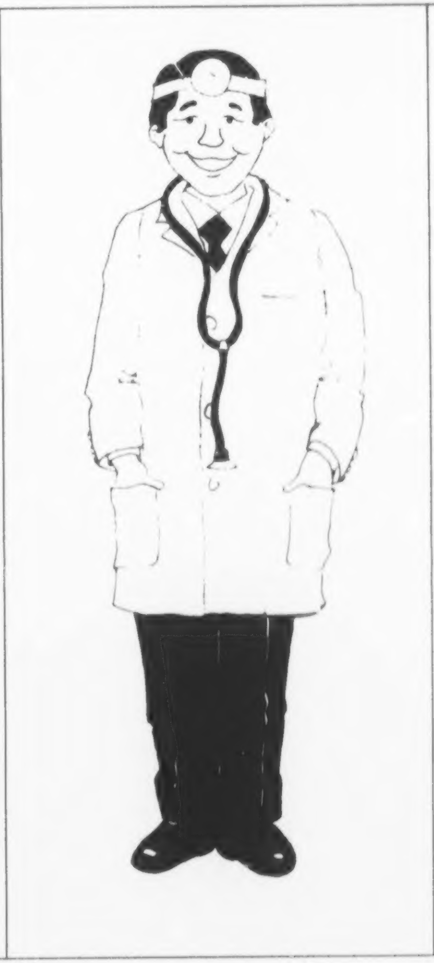
Students can take turns miming, while other students guess who they are and what they are doing.

GD17

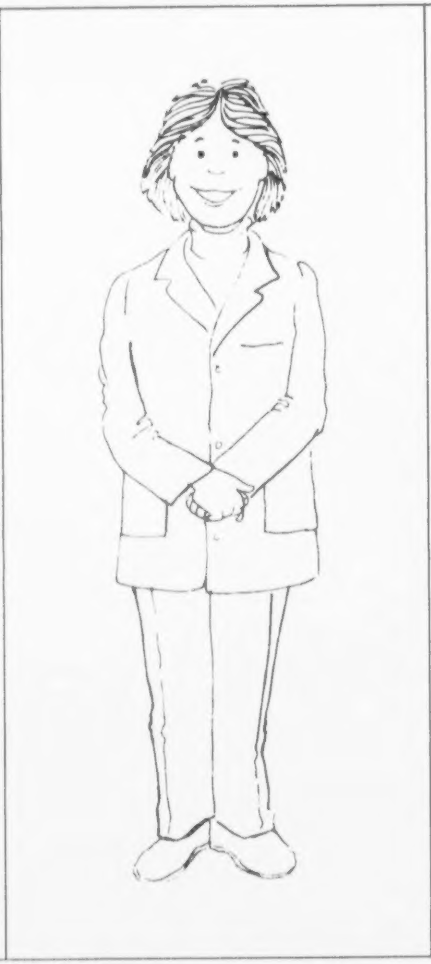
HEALTH CARE WORKERS



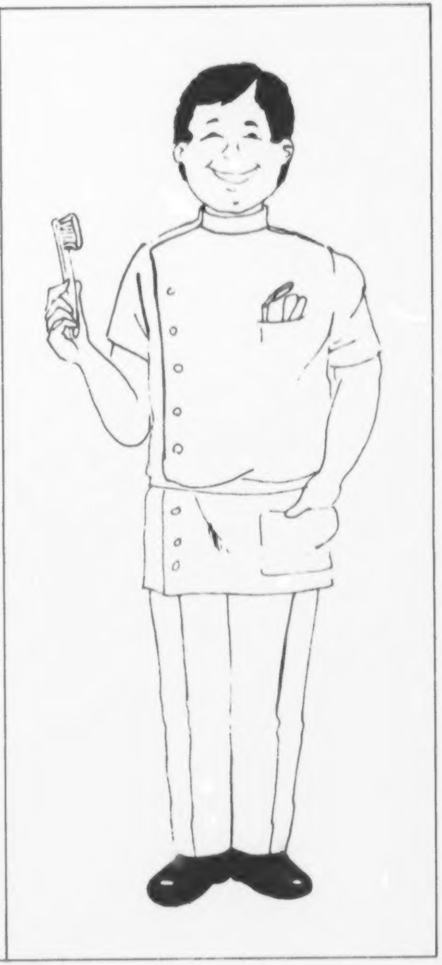
nurse



doctor



dental therapist



dentist

2.5

2.6

GROWTH AND DEVELOPMENT

GRADE: 2 LESSON: 7 THEME: ENVIRONMENTAL HEALTH

CONCEPT: PEOPLE NEED CLEAN WATER AND AIR AND GOOD SOIL FOR HEALTH

PREPARATION:
1. Two glasses of water - one clean, one dirty
2. Pictures or samples of food from water and land
3. White cloth
4. Prepare a class set of Food Chain worksheet (Activity Sheet GD18)
5. Pollution poems (Activity Sheet GD19)

VOCABULARY: pollution, healthy, unhealthy, depend

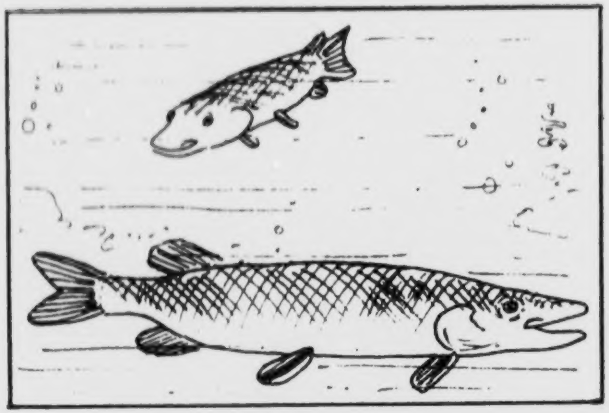
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) describe the importance of clean water, air and soil for health	1. Compare two glasses of water, and decide which one they would rather drink.	Show two glasses of water, one clean, one dirty. Teachers should explain that people cannot tell if the water is safe to drink, simply by looking at it. It also depends on where the water comes from, e.g., melting snow by the garbage would not be safe to drink.
	2. State what they think would happen if they drank the dirty/ contaminated water.	Emphasize that they might become sick.

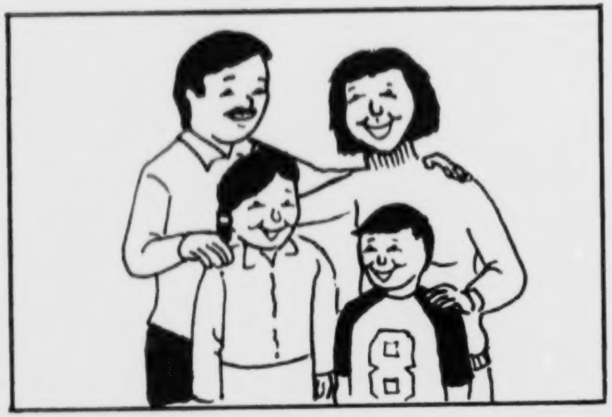
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Name things to eat or drink that we get from the oceans, lakes or streams.	Show pictures or samples to stimulate student responses. Samples of food/drink from water may include: - clean drinking water - fish - mollusks - whale meat - seal meat
	4. Describe what might happen to the food that comes from water, if the water were not clean.	Refer to Activity Sheet GD18. Have students cut out, colour and arrange the outlines to make a food chain. (There are several possible variations.) Ask students what might happen to people who eat food from unclean water. Teachers may be able to use a local example, e.g., in some communities fish have been contaminated, and people do not eat them.
	5. Name things that people or animals eat that grow on the land in the N.W.T.	Show pictures or samples to stimulate student responses. Samples may include: - berries - moss - grass
	6. Name some animals that depend on the vegetation in the N.W.T. to live.	Examples include: - musk oxen - caribou - moose - bear - beaver

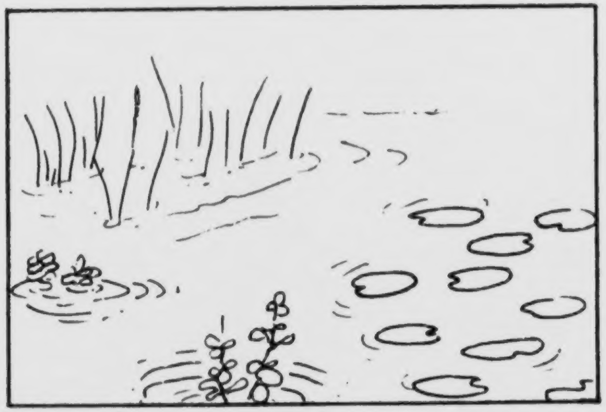
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	7. Tell what would happen if the soil was not good.	Not good = contaminated Emphasize that plants would not grow so the animals that eat them would not be healthy or would die. Ask how this would affect us. Teachers may be able to use a local example, e.g., in some Inuit communities, caribou are diseased.
	8. Observe how much dust/dirt/soot gathers in a few days on a white cloth.	Leave a white cloth outside for a few days. At the end of that time, examine the cloth for deposits of dirt/dust/ soot which have been in the air.
	9. State why clean water and air and good soil are important for health.	Discussion questions include: - Can we live very long without clean water? - Can we live very long without clean air? - Can plants grow without good soil? Explain that people, plants and animals need clean water and air and good soil for health.
	10. Read some poems about pollution.	Refer to Activity Sheet GD19.
	11. Write a poem about pollution.	

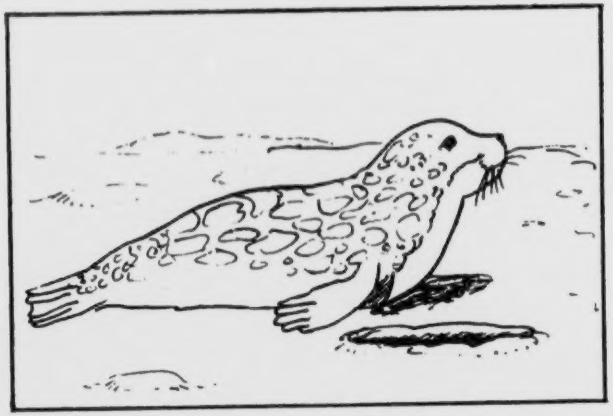
FOOD CHAIN

Cut out each picture, colour, and arrange to show the food chain.





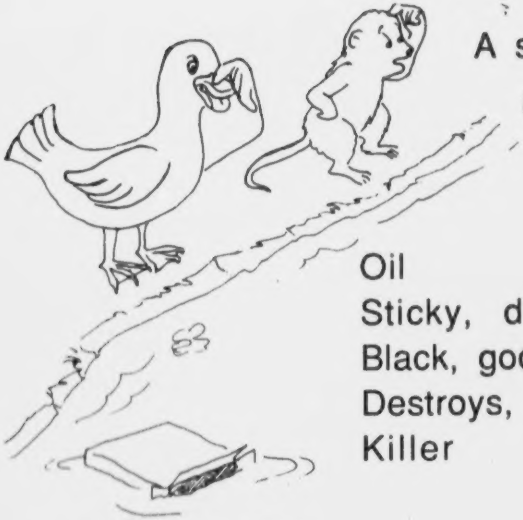




POLLUTION

GD19

A selection of poems on pollution by students
at Princess Alexandra School, Hay River



Oil
Sticky, dirty
Black, gooey, messy
Destroys, fish, ducks and plants
Killer

Tina Magrum

Exhaust
Smelly gasses,
From big trucks
Pollutes our clean air
Pollution

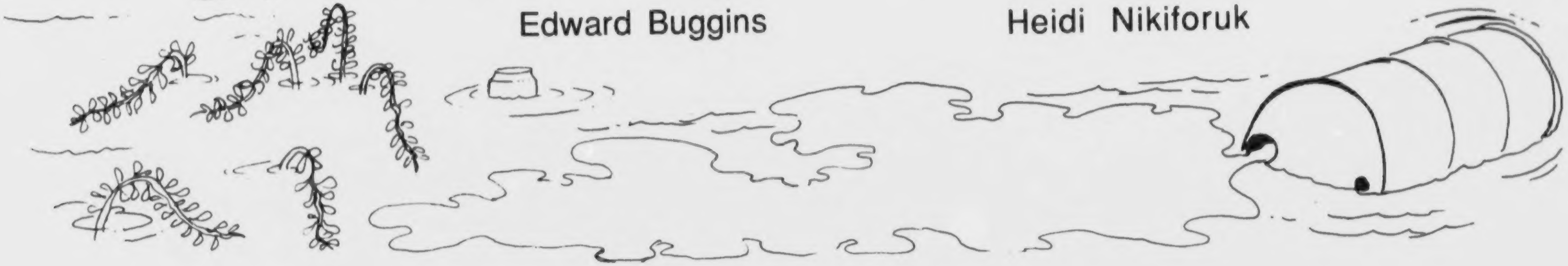
Mike Leonard

Oil
Greasy, black
In the water
Hurts all the fish
Pollution

Edward Buggins

Garbage
Stinky, messy
Hurts plant life
Looks very, very dirty
Junk

Heidi Nikiforuk



GRADE 2

TEACHER BACKGROUND INFORMATION

GROWTH AND DEVELOPMENT

THE SENSES

The body is like a machine with many identifiable parts that work together in wonderful ways.

Sensory organs receive information from the environment, help us enjoy our surroundings and keep us safe.

Basic ways that the senses help us experience the world:

- sight - provides near, far and side vision
  - interprets objects
  - distinguishes colour
- touch - distinguishes textures, temperatures and pressure
  - provides sensations of soft/rough; cold/hot, etc.
  - warns of danger (pain)
  - provides sensations of pressure - squeezing/light
- taste - provides sensations of sour, sweet, salty, bitter, etc.
- smell - warns of danger (smoke)
  - provides sensations of pleasant, unpleasant
  - provides awareness of surroundings
- hearing - perceives sounds, whether pleasant/unpleasant and determines location of sound sources

The two senses most commonly affected by sensory disorders in elementary school children are vision and hearing. Elementary teachers may encounter these disorders in the classroom, so it is important that they understand how the senses work and that they observe children at work and play, noting patterns of behaviour that may be clues to sensory losses. They must also promote a safe healthy learning environment and refer those children who exhibit health problems.

VISION, VISION PROBLEMS: CARE AND PREVENTION

Vision is a sense that allows individuals to explore and relate to the physical and social environment. About eighty percent of school work involves visual acuity. Normally, elementary children are far-sighted. They readily see large print, large objects and diagrams. Their eyes must be trained for close-up work such as reading and writing. Because defective vision affects school progress and the health and personal development of children and youth, it is important to refer any suspected vision problems early.

COMMON RISKS THAT MAY CONTRIBUTE TO SIGHT LOSSES INCLUDE:

- throwing sand, dirt in the face and eyes
- using dangerous equipment (guns, sling shots, bows and arrow, aerosol cans) and playing roughly
- staring up at bright light or sun
- using spray cans with nozzle pointing to face
- carrying sharp objects with points upward
- rubbing eyes with foreign bodies (sand, dirt, other)

- being close to operating tools that saw or grind without protective lenses
- not buckling up in motor vehicles - not a classroom problem
- holding pets too closely

IDENTIFYING CHILDREN WITH VISION PROBLEMS

A PPEARANCE - eyes: crossed, protruding, swollen, reddened, blood-shot, watery

B EHAVIOUR - continual blinking when reading; brushes away blur, holding books far-away or close to face, frequent rubbing of eyes, squinting, covering an eye to read, guiding reading with a finger, fatigue after reading, poor eye-hand coordination

C OMPLAINTS - pain, burning, itching, sensitivity to light, headaches, blurred vision

VISION HEALTH PROMOTION

WAYS TO PROMOTE A HEALTHY SCHOOL/CLASS ENVIRONMENT:

- reduce glare and shadows
- provide adequate lighting
- use clean, non-glare blackboards
- use large clear writing on blackboards
- select appropriate reading materials
- follow eye safety measures in emergencies
- provide preferential seating when necessary

PREVENTION OF EYE DISORDERS INCLUDES:

- systematic observation of children's sight
- periodic screening of visual acuity
- referral of suspected sight problems for treatment
- self care practices that promote health of the eyes

CARE OF THE EYES involves positive health practices. Some are:

- washing eyes with clear water daily
- eating nutritious foods from all four food groups, especially excellent sources of vitamins A, B, thiamin, riboflavin, niacin
- playing outside in clean air
- getting enough sleep and rest
- sitting where they can see the blackboard comfortably
- telling an adult if they have an object in the eye
- drinking plenty of milk, juice and water
- practising safety rules

SAFETY PRACTICES FOR HEALTHY EYES

Encourage children to:

- have eye/medical examinations regularly
- use proper eye/head equipment for contact sports
- report eye problems to an adult in authority (parent, teacher)
- be careful around hazardous material and chemicals
- play with safe toys that are not pointed
- handle equipment carefully
- buckle up in motor vehicles
- use a cap, sun hat or good quality sun glasses in bright sunshine
- know and use eye safety rules in emergencies

HEARING, HEARING PROBLEMS

Primarily the ear is a sensory organ that is responsible for balance and hearing. Hearing is an extremely important sense, because deaf people are also often hampered with very poor language development.

Even though the hearing loss may be of small degree, the consequences can be quite important both socially and educationally. These consequences, apart from the hearing loss and thus the difficulties in communication, include speech problems and a slowing down of the social, emotional and intellectual development of the child.

Hearing losses may occur gradually and may go unrecognized for some time. If deafness is one sided, or relatively mild, it may not be apparent. Sometimes only screening will reveal a hearing loss.

Teachers are in an excellent position to observe children's health. They have the opportunity to observe recurrent or unusual health behavior. They may see changes in physical appearance, and may have children report to them how they feel. Teachers may be the first adults to become suspicious about a hearing loss, and a referral, using recommended school procedures, may alleviate or avoid the consequences described above.

OTITIS MEDIA

One of the most common causes of hearing loss in the N.W.T. is OTITIS MEDIA. Otitis media is the result of a bacterial or viral infection of the middle ear. It is common among young children, particularly age 3 months to 3 years. This means that children entering Kindergarten may already have hearing problems. The micro-organisms may migrate from the nose and throat area to the middle ear over the surface of the eustachian tube mucous membrane. Chronic otitis media is one of the main health problems in the native populations of Canada, Alaska and Greenland.

The first symptom is usually a persistent earache. Hearing loss may occur. Fever and nausea may occur in young children. The tympanic membrane may, without treatment, infect and later perforate.

Socio-economic factors, i.e., crowding, poor housing, hygienic conditions and nutrition, as well as bottle feeding, may all contribute to the onset of otitis media.

Treatment is usually in the form of antibiotics, to reduce the symptoms and hasten the end of the infection.

The greatest impact on reducing the incidence of otitis media is breast-feeding of infants for the first 8-12 months. Reducing upper respiratory infections and improving basic hygienic practices may also help reduce the incidence of otitis media.

IDENTIFYING CHILDREN WITH EAR PROBLEMS

A PPEARANCE - drainage from ear, cotton in ear, or swollen glands behind ear

B EHAVIOUR - rubbing or pulling ear, cupping of ear to hear, turning to the side to catch sounds, lack of awareness of communication by another person, especially ignoring quiet talk directed to the child, behaviour problems, not following directions, poor mimicry, unclear speech, requests to have directions repeated, appearance of day-dreaming

C OMPLAINTS - pain in ear (children will rarely complain of deafness)

HEARING HEALTH PROMOTION

WAYS TO PROMOTE A HEALTHFUL SCHOOL/CLASS ENVIRONMENT INCLUDE

- preferential seating, where a hearing problem exists
- reduction of extraneous loud noises
- use of carpets and baffles absorb noises especially in open-area classrooms

PREVENTION OF HEARING LOSSES INCLUDE:

- systematic observation for hearing impairment in pupils
- screening for hearing at school entrance and regular intervals thereafter
- referral of suspected hearing problems
- recommendations of self-care practices that promote health of the ears

SELF CARE OF THE EARS/HEARING involves positive health practices. Some are:

- wash outer ears with a soft cloth daily; never use Q-tips to clean the ears
- eat nutritious foods from all four food groups
- find time for rest, sleep and relaxation
- wear appropriate head coverings on cold windy days to prevent frostbite to ears
- avoid excessive loud noises

SAFETY PRACTICES FOR HEALTHY EARS

Encourage children to:

- have hearing test/medical examinations regularly
- report ear pain or discharge to a responsible parent/adult
- not put objects in ears
- wear head gear in contact sports
- buckle up in motor vehicles to avoid head injury

Sources: Physical Well-Being Teaching Aids,
Manitoba Eduction 1986
Schaefer, Otto, M.D., Otitis Media and Bottle Feeding, Canadian Journal of Public Health - Nov/Dec 1971

GRADE 2

NUTRITION

NUTRITION

GRADE: 2 LESSON: 1 THEME: FOOD IDENTIFICATION

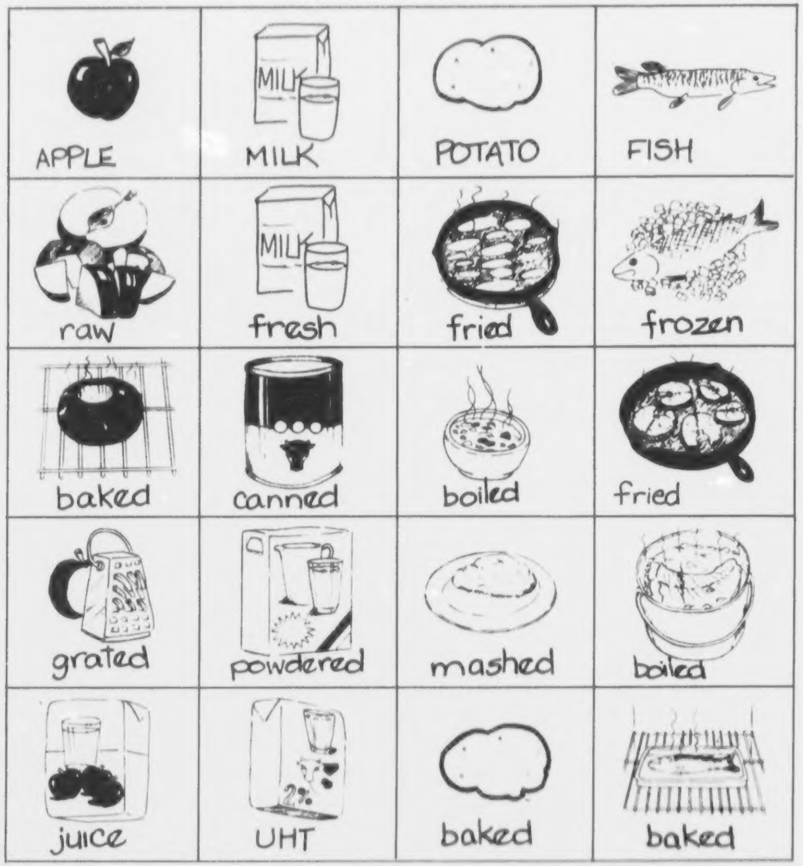
CONCEPT: A FOOD CAN EXIST IN DIFFERENT FORMS

PREPARATION:
1. A variety of foods in different forms e.g., raw, baked, grated apple
2. Blindfolds
3. Materials for food books and food poems (Student Activities 4 and 5)
4. Write the Food Poems on cards in the shape of the food (Activity Sheet N15)

VOCABULARY: raw, grated, mashed, juice, boiled, baked, dried, canned, powdered, UHT, smoked

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background information: Page — Prior to allowing students to eat food inclass, teachers should check with parents to find out if any students have food allergies.
i) explain that a food can exist in different forms	1. Match foods that exist in different forms.	Have a variety of foods in different forms laid out randomly on a table. E.g., apple - raw, baked, sauce, grated, juice, dried fish - smoked, frozen, boiled, fried, baked, dried, canned potato - fried, mashed, baked, boiled, powdered, canned milk - fresh, powdered, canned, UHT

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Ask students to sort them, so that all the different forms of apple are together, etc. Record on an experience chart as illustrated:

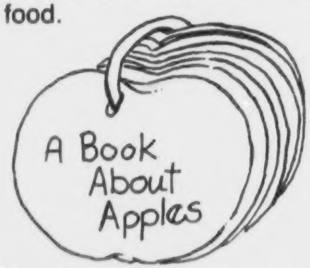


APPLE	MILK	POTATO	FISH
raw	fresh	fried	frozen
baked	canned	boiled	fried
grated	powdered	mashed	boiled
juice	UHT	baked	baked

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Identify foods from their different forms.	Divide the class into small groups. Give each group a sample of each food (in a cup or deep bowl so that they can't see it) e.g., apple sauce, powdered milk, baked potato, smoked fish. Blindfold students in turn. They have to identify the food by tasting a small amount.
	3. Describe the foods in their different forms.	Ask students to describe the various forms of the food. Record on a word list. E.g.,

RAW APPLE	APPLE SAUCE
hard	yellow
crunchy	mushy
juicy	soft
red	smells good

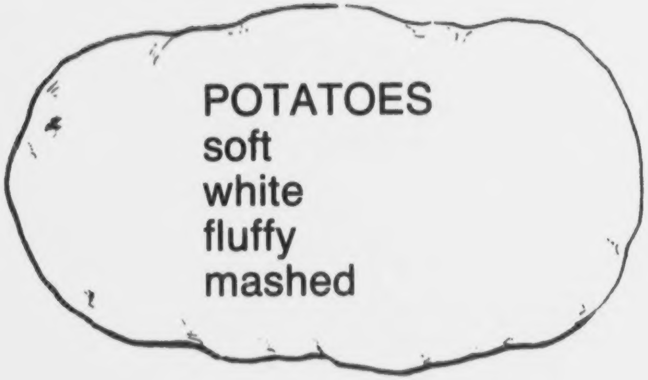
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	4. Select one food and make a book about its different forms.	Have each student choose one food and make a book about it, in the shape of the food. E.g.,



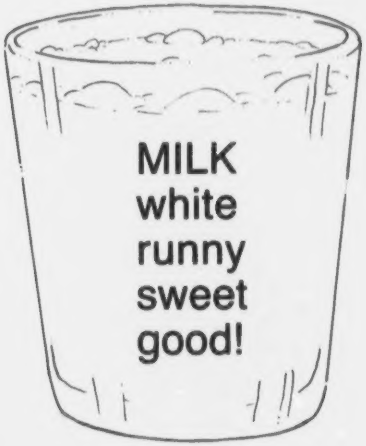
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	5. Write a poem describing the the food they have selected.	Refer to Activity Sheet N15. Have each student write a poem describing the food (use the shape of the food). Hang the poems around the class.

FOOD POEMS

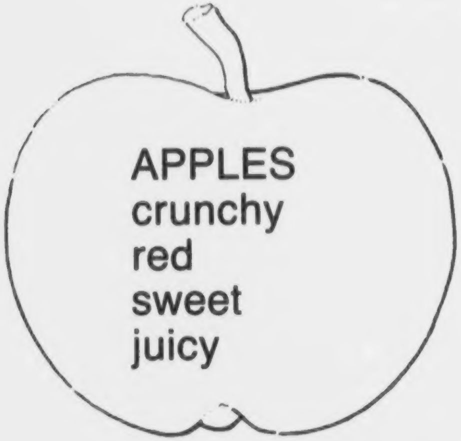
N15



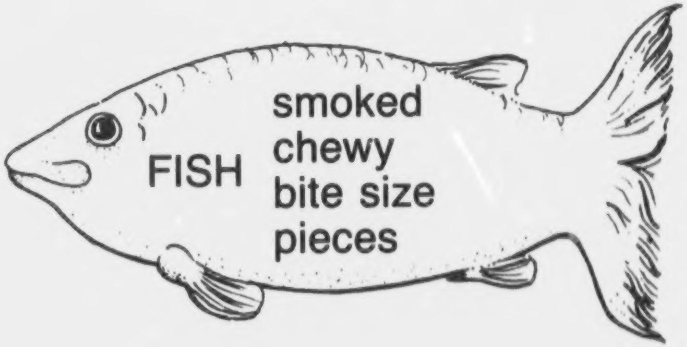
POTATOES
soft
white
fluffy
mashed



MILK
white
runny
sweet
good!



APPLES
crunchy
red
sweet
juicy



FISH
smoked
chewy
bite size
pieces

NUTRITION

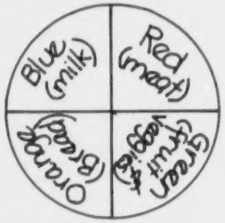
GRADE: 2 LESSON: 2 THEME: FOOD CLASSIFICATION

CONCEPT: EACH FOOD GROUP HAS A SPECIFIC FUNCTION WHICH PROMOTES HEALTH

PREPARATION:

1. A wooden or cardboard box marked 'Grub Box'
2. A variety of labels, packages, containers, pictures, etc. of food from each food group
3. Make Grow, Go, Glow flashcards for each student
4. Prepare a class set of the Grow, Glow, Go Worksheets (Activity Sheets N16A, 16B, 16C)
5. Materials for a collage for Student Activity 7
6. A copy of the N.W.T. Food Guide

VOCABULARY: grow, glow, go, bones, muscles, teeth, skin, energy

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) classify various foods into the four food groups	Students: 1. Give examples of a variety of foods that belong to each of the four food groups.	Background information: Page N39 to N49 Review the four food groups and the matching colours based on the N.W.T. Food Guide. Draw a large wheel with each quarter coloured to represent one food group. e.g.,  Blue (milk) Red (meat) Orange (Bread) Green (fruit + veggies)

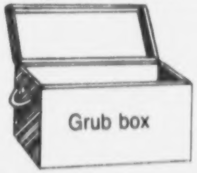
OBJECTIVES | STUDENT ACTIVITIES | TEACHER NOTES

Have students name foods that belong to each of the four food groups.
Record them on an experience chart as illustrated. Use appropriate coloured markers.

MILK	MEAT	FRUIT/ VEGETABLES	BREAD
milk	chicken	apples	bannock
cheese	fish	carrots	muffins
yogurt	eggs	bananas	bread
	caribou	celery	rice
	nuts	berries	pilot biscuits

2. Play the Grub Box Game.

In a wooden box or a cardboard box marked 'Grub Box', have a variety of labels, packages, containers, drawings, etc.
e.g.,



Have students take turns selecting items from the grub box and placing them in the appropriate section of the food wheel used in Student Activity 1. Have students use the sentence patterns:

In my grub box, I have rice.

It/they belong(s) to the bread group.

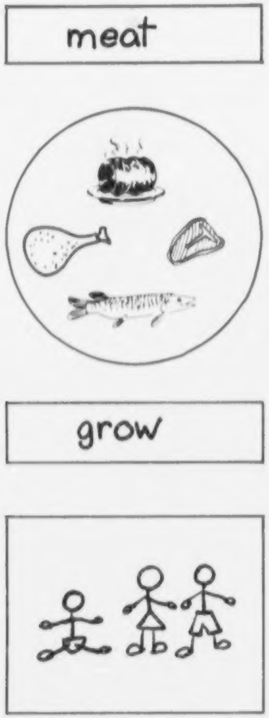
ii) state the main function of each of the four food groups

3. State the main function of each food group.

Say this poem to the students.
Blue - grow!
Red - grow!
Green - glow!
Orange - go!

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Explain that each food group is important because each does something different for our bodies. The blue food group helps us to grow (strong bones and teeth) The red food group helps us to grow (strong muscles) The green food group helps us to glow (skin and feeling healthy) The orange food group helps us to go (energy)
	4. Match a variety of foods with their main function.	Prepare three flashcards for each student. grow glow go Using the labels, etc. from the grub box, hold up one of the items. Students have to identify what its main function is by holding up the correct card. e.g., apple glow
	5. Complete the Grow, Glow, Go worksheets.	Refer to Activity Sheets N16A, B, C.
	6. Learn and sing "Grow, Grow, Glow and Go".	GROW, GROW, GLOW AND GO Grow, grow, glow and go — Eat good food each day Choose some food from every group To help you work and play. (Tune: Row, Row, Row Your Boat) Barbara Hall

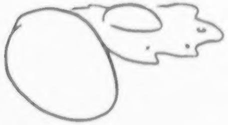
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	7. Make a collage of the different food groups and their functions.	Divide the class into four groups. Have each group make a collage for one of the four food groups. Students have to collect labels, photographs, etc. of foods from their food group and stick them on paper coloured for their food group, e.g., red paper for the meat group. They should also look for pictures which represent the function (grow) i.e., babies, children, etc.



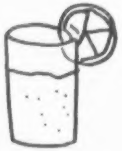
N16A

GROW FOODS

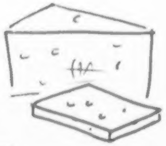
Check (✓) the grow foods and colour them red for meat or blue for milk.



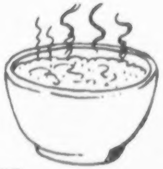
☐ egg



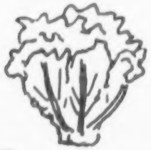
☐ orange juice



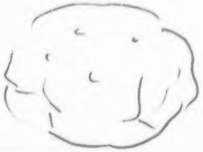
☐ cheese



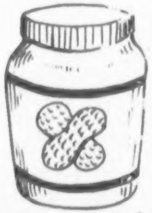
☐ cereal



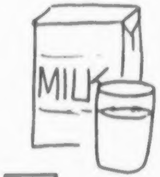
☐ lettuce



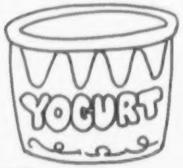
☐ bannock



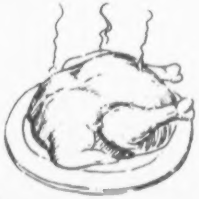
☐ peanut butter



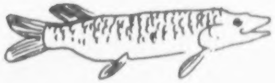
☐ milk



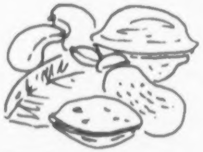
☐ yogurt



☐ ptarmigan



☐ fish



☐ nuts

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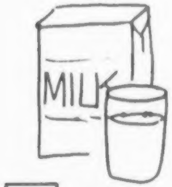
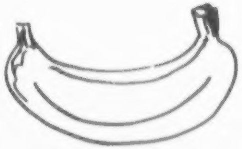
GLOW FOODS

N16B

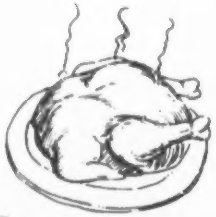
Check (✓) the glow foods and colour them green.



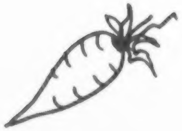
☐ milk



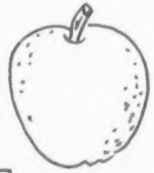
☐ banana



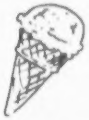
☐ ptarmigan



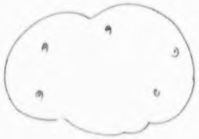
☐ carrots



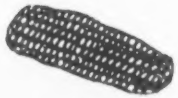
☐ apple



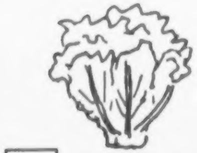
☐ ice cream



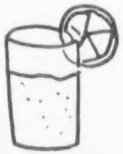
☐ potato



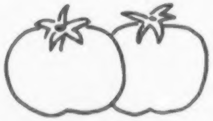
☐ corn



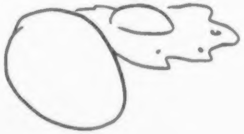
☐ lettuce



☐ orange juice



☐ tomato



☐ eggs

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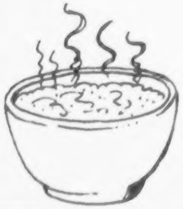
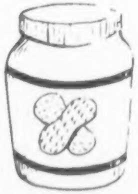
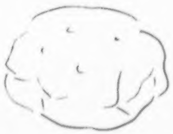
N16C

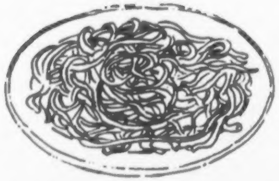
GO FOODS

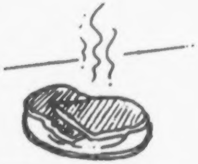
Check (✓) the go foods and colour them orange.

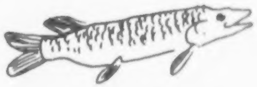

☐ cereal

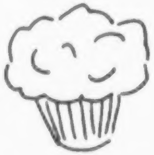

☐ peanut butter

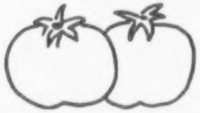

☐ bannock

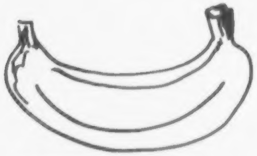

☐ spaghetti

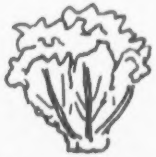

☐ toast

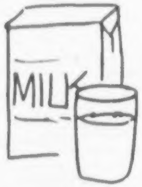

☐ fish


☐ muffin

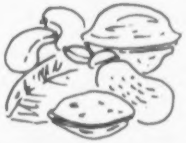

☐ tomato


☐ banana


☐ lettuce



☐ milk


☐ nuts

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NUTRITION

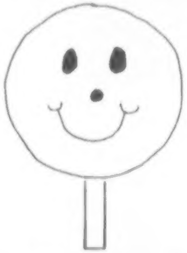
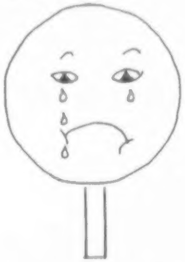
GRADE: 2 LESSON: 3 THEME: FOOD CLASSIFICATION

CONCEPT: A NUTRITIOUS SNACK CONSISTS OF FOOD FROM ONE OR MORE OF THE FOUR FOOD GROUPS

PREPARATION:
1. Ingredients for a nutritious snack
2. Prepare a class set of the Healthy Snacks worksheet (Activity Sheet N17)
3. Paper plates and tongue depressors for Happy Snacker, Sad Snacker Faces (Student Activity 4)
4. Samples, labels, packages, etc. of nutritious snacks

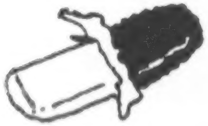
VOCABULARY: snack, healthy

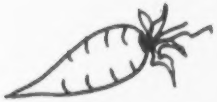
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background information: Page N50 to N54 Snacks are foods eaten at times other than main meals. Depending on the food eaten, snack foods may be nutritious or non-nutritious and are generally ready-to-eat or easily prepared. The concept of snacking varies greatly between families and cultures. In some cases food will always be available for continuous snacking between main meals. In others a snack might be one food item eaten, e.g., after school.
i) explain what is meant by a nutritious snack	1. Prepare and eat a healthy snack.	Have students prepare and eat a nutritious snack (do not tell them it is a nutritious snack), e.g., nuts, dried fruit, dried meat, etc.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Ask them what they have eaten. Explain that it is a 'snack', i.e., food eaten between meals and healthy. It is from one of the four food groups and low in sugar, fat and salt. (Students will understand "healthy", but may not understand "nutritious").
	2. Make a list of other healthy snacks.	Healthy snacks may include: - fruit/fruit juice - dried fruit - dried fish, meat - raw vegetables - nuts - milk - cheese
ii) distinguish between nutritious and non-nutritious snacks	3. Complete the Healthy Snacks worksheet.	Refer to Activity Sheet N17.
	4. Classify snacks into healthy and not healthy.	Have each student make a happy and sad face from paper plates and glue them onto tongue depressors.  Happy Snacker  Sad Snacker Show students labels, packages and samples of different snacks. They should hold up the Happy Snacker face if the snack is healthy and the Sad Snacker face if it is not healthy.

HEALTHY SNACKS

Circle five healthy snacks. Colour them red, green, blue or orange for their food group.


chocolate bar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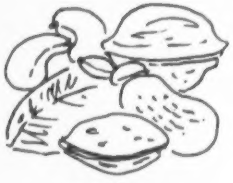
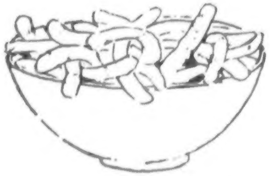

nuts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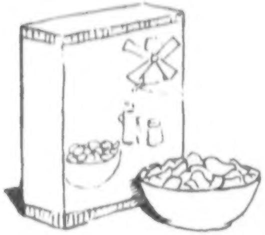
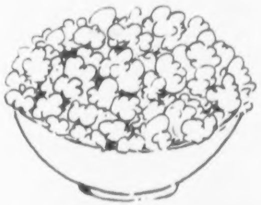
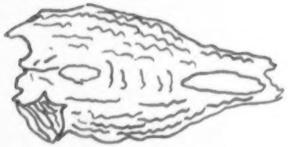
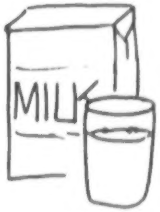
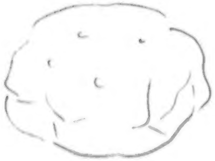

potato chips


plain popcorn


dried fish



milk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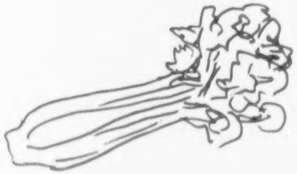
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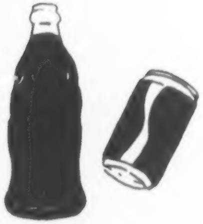
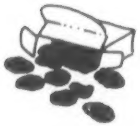

pop


raisins

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NUTRITION

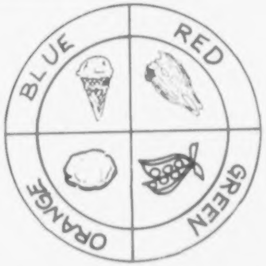
GRADE: 2 LESSON: 4 THEME: FOOD SELECTION

CONCEPT: A VARIETY OF FOODS FROM EACH FOOD GROUP IS NEEDED DAILY

PREPARATION:
1. Prepare a class set of the Healthy Meals song (Activity Sheet N18)
2. A paper plate for each student, crayons
3. Ingredients for a nutritious school lunch

VOCABULARY: healthy

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background information: Page N39 to N50
i) describe a nutritious meal	1. Learn and sing the Healthy Meals song.	Refer to Activity Sheet N18. Discuss what makes a healthy meal. A healthy meal contains at least one serving from each of the four food groups (the exception is the morning meal which must have food from three food groups).
	2. Draw a picture of a nutritious meal that they like.	Give each student a paper plate. Have each student divide the plate into four equal sections according to the four food groups. Have students draw a healthy meal that they would enjoy. They have to have one item from each food group.

<table>
<tr><th>OBJECTIVES</th><th>STUDENT ACTIVITIES</th><th>TEACHER NOTES</th></tr>
<tr><td></td><td></td><td>

Share their drawings with the rest of the class. Display the plates in the classroom.</td></tr>
<tr><td></td><td>3. Play Add It On.</td><td>Have students sit in a circle.
The teacher names items from three of the food groups and students have to add a fourth.
i.e., Teacher - caribou, potatoes, bread
Student - milk</td></tr>
<tr><td>ii) plan a nutritious meal</td><td>4. Plan a healthy school lunch.</td><td>Have students plan a healthy school lunch. They should include items from each food group and that can be easily prepared at school, e.g., peanut butter and banana sandwiches and milk</td></tr>
<tr><td></td><td>5. Prepare and eat a healthy lunch.</td><td>Have students stay at school one day to prepare and eat their healthy lunch. Ask parents or older students to help.</td></tr>
<tr><td>iii) state the importance of nutritious meals</td><td>6. Explain why it is important to eat healthy meals.</td><td>This is a review of Lesson 2, Student Activities 3 - 6.
Healthy meals make us
grow
grow
glow and
go
<table>
<tr><th>Food Group</th><th>Function</th></tr>
<tr><td>Meat</td><td>GROW</td></tr>
<tr><td>Milk</td><td>GROW</td></tr>
<tr><td>Fruit</td><td>GLOW</td></tr>
<tr><td>Vegetables</td><td>GLOW</td></tr>
<tr><td>Bread</td><td>GO</td></tr>
</table></td></tr>
</table>

HEALTHY MEALS

N18

Fruit and bread and milk and meat
This is what I have to eat.
Some of each for every meal
Strong and healthy, then I'll feel.
Fruit and bread and milk and meat
I'll make sure that's what I eat!

(Tune: Twinkle, Twinkle, Little Star)

Helen Balanoff

NUTRITION

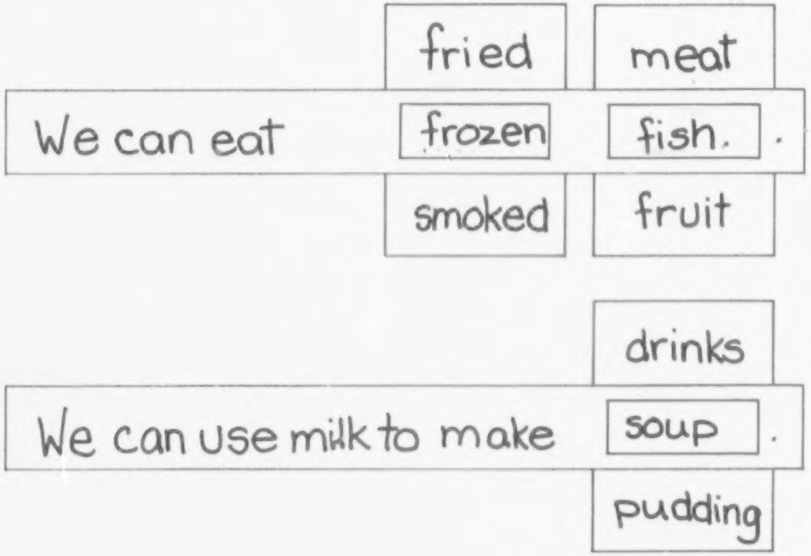
GRADE: 2 LESSON: 5 THEME: FOOD APPRECIATION

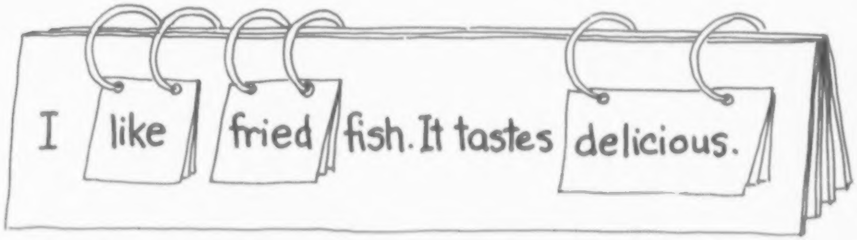
CONCEPT: A WILLINGNESS TO TASTE FOODS IN DIFFERENT FORMS PROMOTES FOOD APPRECIATION

PREPARATION:
1. Ingredients for the foods to be prepared in a variety of forms
2. Write the recipes out on large cards (Activity Sheets N19A and 19B)
3. Make a tachisto scope for Student Activity 4
4. Materials for flip books
5. Make a class set of On Top of Spaghetti song (Activity Sheet N20)

VOCABULARY: keep, store, frozen, dried, fried, smoked, baked, roasted, canned

<table>
<tr><th>OBJECTIVES</th><th>STUDENT ACTIVITIES</th><th>TEACHER NOTES</th></tr>
<tr><td>Students will be able to:
i) prepare foods in a variety of forms</td><td>Students:
1. Describe food handling skills.</td><td>Background information: Page —
Prior to preparing the food, ask students to name proper food handling skills. Record responses using an experience chart as illustrated.
<table>
<tr><th>Always (✓)</th><th>Never (X)</th></tr>
<tr><td>- wash your hands
- wash the counter (or table)
- use clean dishes
- keep food covered
- store food carefully</td><td>- cough near food
- sneeze near food</td></tr>
</table>
</td></tr>
</table>

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Prepare foods in a variety of forms using milk.	Refer to Activity Sheets N19A and 19B. Prepare - a milk based soup (fish chowder with powdered milk) - a pudding (pudding mix with powdered milk) - fruit popsicles - a milk drink (banana milk)
	3. Prepare foods in a variety of forms using meat and fish.	Prepare meat or fish in a variety of forms, e.g., - frozen - fried - dried - smoked - stewed - canned - roasted - baked
	4. Describe different forms of the foods.	Make a tachistoscope.  fried meat We can eat frozen fish. . smoked fruit drinks We can use milk to make soup . pudding

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) demonstrate a willingness to taste foods in a variety of forms	5. Participate in a tasting party.	Encourage students to taste the foods they have prepared. Have them describe the food they tasted using the sentence pattern: (Fried fish) tastes (delicious). (Fruit popsicles) taste (sweet).
	6. Make a flip book.	In pairs, have students make flip books about one of the foods.  I like fried fish. It tastes delicious. Read the books to each other. Then share with the rest of the class.
	7. Learn and sing "On Top of Spaghetti".	Refer to Activity Sheet N20.

MILK RECIPES

N19A

Milk Pudding

1. Pour 3 cups (750mL) of cold milk (made from powdered milk) into a bowl.
2. Add instant pudding mix (135g).
3. Beat with mixer for about two minutes.
4. Pour into dishes and let the puddings stand for about five minutes until set.

Fruit Popsicles

1. Mix 250mL fruit puree (baby food will do) and 125mL milk (make from powdered milk).
2. Put in paper cups or ice cube trays.
3. When partially frozen, put a popsicle stick in each popsicle.

Fish Soup

1. Cook 500mL cubed potatoes, 1 diced onion, in 500mL fish stock or water until nearly soft.
2. Add 450g fish cut into small pieces, seasonings and parsley.
3. Cook until fish is soft.
4. Add 500mL milk, a little cream or butter.
5. DO NOT BOIL. Serve hot.

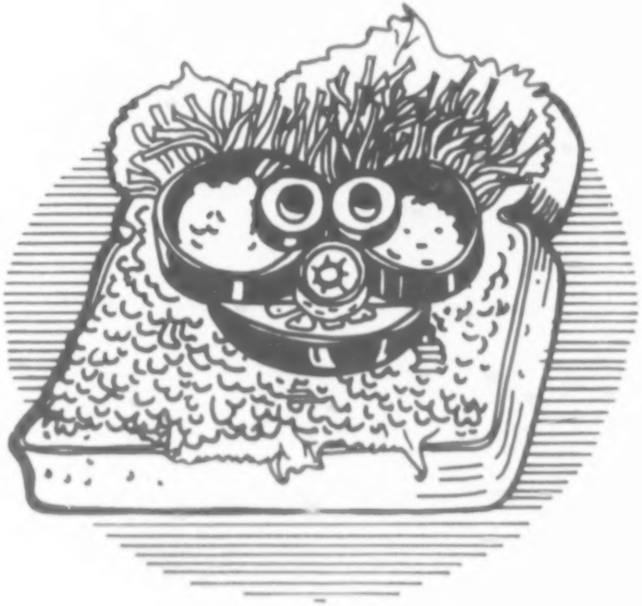
Banana Milk

1. Mash half a banana into a container with a lid.
2. Add 200mL milk.
3. Shake well.

MEAT AND FISH RECIPES

Fish Salad Sandwich Faces

Spread bread with lots of FISH SALAD. Add your favourite toppings to make a funny face. Here are some suggestions.



HAIR - can be made from grated carrot, grated cheese, curly lettuce, alfalfa sprouts

EYES - can be made from olives, cucumber slices (for glasses), egg slices, pickles

NOSES - can be made from pickles, baby carrots, green pepper wedges

MOUTH - can be made from a tomato wedge, carrot stick, celery stick

(Adapted from Egg Marketing Board materials.)

MORE MEAT AND FISH RECIPES

N19B (cont)

Spaghetti

1. To two large cans/jars of tomato sauce add 1 onion, 1 green pepper and some mushrooms, chopped. Simmer half an hour.
2. Make meat balls from ground meat. Cook them in a frying pan.
3. Add meatballs to spaghetti sauce along with pepper. Keep warm.
4. Serve over cooked spaghetti noodles.

Serves 8

Stew

1. Cover pieces of meat, or fowl with water.
2. Add 60mL dried onion,
   60mL pot barley,
   20mL salt,
   pepper.
3. Simmer half an hour.
4. Add 4 potatoes and 8 carrots cut in big pieces.
5. Make a paste from 60mL flour and 250mL cold water.
6. Add to stew, stirring until thick.

Serves 8

ON TOP OF SPAGHETTI

N20

1. On top of spaghetti, all covered with cheese
I lost my poor meatball when somebody sneezed.

2. It rolled off the table and onto the floor.
And then my poor meatball rolled out of the door.

3. It rolled in the garden and under a bush,
And then my poor meatball was nothing but mush.

4. The mush was as tasty as tasty could be,
And early next summer it grew into a tree.

5. The tree was all covered with beautiful moss,
It grew lovely meatballs and tomato sauce.

6. So if you eat spaghetti, all covered with cheese,
Hold on to your meatballs and don't ever sneeze.

(Tune: On Top of Old Smokey)

GRADE 2

TEACHER BACKGROUND INFORMATION

NUTRITION

FOOD

Food is life. People, animals and plants need food to grow and remain healthy. The substances in food that help people grow and stay healthy are called nutrients.

NUTRIENTS

We need over 50 nutrients for good health. These nutrients have their own jobs to do, but often depend on each other. Because foods are different they give us different nutrients. No one food can provide all the nutrients we need. This means we must eat a variety of foods every day.

From food we also get energy to carry out daily activities. The energy comes from fats, carbohydrates and protein. If food gives more energy than needed, the extra energy is stored as fat.

If not enough energy comes from food, then the body loses weight. So, food energy must be balanced with activity to control body weight.

Although there are more than 50 nutrients essential for health and growth, there are only six major groups of nutrients:

Nutrient:	**Function:**
1. Protein	builds and repairs body tissue, e.g., muscles, skin
2. Fat	insulates and protects supplies energy carries vitamins A, D, E and K
3. Carbohydrates	important source of energy
4. Vitamins	Vitamin A: good night vision, healthy skin Vitamin C: healthy gums, teeth & blood vessels fights infection B vitamins: help the body use energy (Riboflavin) (Thiamin) (Niacin)
5. Minerals	Calcium: strong bones & teeth Iron: good blood
6. Water	regulates body functions

What Foods Do We Eat To Get All These Nutrients?

Traditionally, people in the North ate a healthy diet. The hunting and fishing lifestyle was active and healthy. There were times of little food, but generally people were able to feed themselves well. People wasted very little of their food sources. For example, they would eat all of an animal they killed; the eyes, brains, lips, stomach contents, etc. That way they were able to get all the nutrients they needed. Today, lifestyle and food sources in the North have changed. Both store and country foods are needed for good health and nutrition. The stores have many nutritious foods, but also some that aren't so nutritious. People need to choose foods carefully for best nutrition and value for their money.

Here's a list of foods, from the country and the store, that will give people the nutrients that they need everyday.

Nutrient	Country Food Source	Store Food Source
Protein	Wild game (all parts of the animal),wild birds, wild bird eggs, animal blood, fish, fish eggs, organ meats (liver, kidney, heart)	Beef, pork, chicken, turkey, organ meats, fish, dried beans and peas, cheese, eggs, nuts/seeds, peanut butter
Carbohydrate	Bannock, wild berries and greens, seaweed, animal stomach contents	Bread, whole grain cereals, enriched pasta (macaroni noodles, etc.), rice, dried beans and peas, macaroni dinner, crackers, pilot biscuits
Fat	Wild birds, wild game fat, muktuk, animal intestines	Beef, pork, luncheon meats, bologna, sausages, bacon, nuts/seeds, wieners, lard, butter, margarine
Calcium	Animal stomach contents, fish heads and bones, seaweed/kelp, wild dark green vegetables, bones, wild milk	Milk, cheese, yogurt, sunflower seeds, broccoli, dried beans/peas, canned fish with bones (salmon, sardines)
Iron	Game, wild birds, organ meats, seaweed, animal blood, wild greens	Organ meats, red meats, pumpkin seeds, green leafy vegetables, enriched cereal products, enriched pasta (macaroni, noodles, etc.)
Vitamin C	Wild greens, wild berries, seaweed	Potatoes, cabbage, broccoli, turnip, canned tomatoes, alfalfa and bean sprouts, oranges, orange and grapefruit juice, vitaminized apple juice
Vitamin A	Seal, wild birds, muktuk, animal stomach contents, seaweed, animal and fish liver, wild greens and berries	Broccoli, spinach, milk, butter, liver, carrots, squash
Vitamin D	Fish liver oils	Vitamin D fortified milk
Thiamin	Seal, wild birds, organ meats, muktuk, seaweed, bannock, wild greens	Dried beans/peas, pork, organ meats, nuts/seeds, enriched bread/cereals, enriched pasta (macaroni, noodles, etc.)
Riboflavin	Game, wild birds, stomach contents, organ meats, wild bird eggs, seaweed, bannock	Milk products, organ meats, enriched breads, cereals, enriched pasta (macaroni, noodles, etc.)

Nutrient	Country Food Source	Store Food Source
Niacin	Animal stomach contents, seaweed, bannock, organ meats, wild game, wild birds	Organ meats, enriched breads and cereals, enriched breads and cereals, enriched pasta (macaroni, noodles, etc.)

As shown in the above list, some foods provide more than one nutrient. Example: Wild game provides protein, fat, iron, vitamin A, thiamin and riboflavin. Also, some foods are the main source of more than one nutrient. Example: fortified milk is a main source of calcium, and it is also a main source of Vitamin D.

The Food Guide (Canada's Food Guide or the N.W.T. Food Guide), puts food together into four food groups, based on the leader nutrients they provide. By selecting foods from EACH group daily we can be sure of getting all the nutrients we need.

Here's a summary of what each group provides us with:

Milk and milk substitutes group (includes soft bones)	Calcium, riboflavin, vitamins A and D, protein, fat, carbohydrate
Meat, fish, birds and eggs group	Protein, iron, fat, vitamin A, thiamin, riboflavin, niacin
Bannock, bread and cereal group	Carbohydrate, thiamin, riboflavin, niacin, iron, fibre, protein
Fruit and vegetables group (includes intestines and stomach contents)	Vitamins A and C, carbohydrate, fibre, iron.

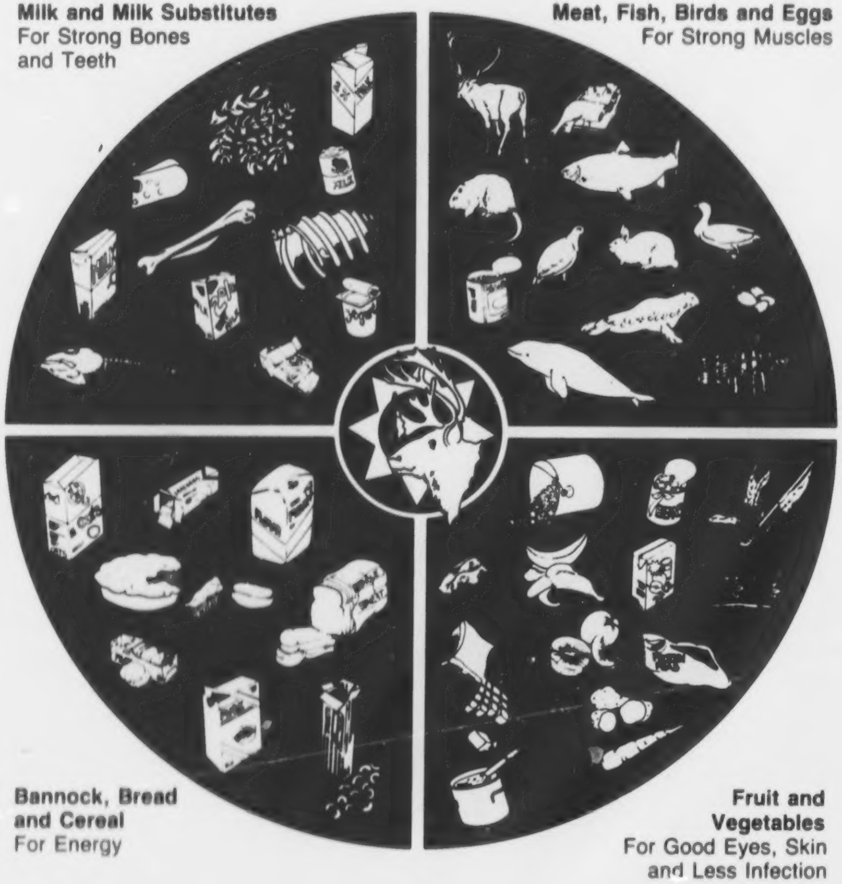
The food groups are colour coded to help people plan a healthy diet.

Blue	Milk and milk substitutes
Red	Meat, fish, bird, eggs and all edible parts
Green	Fruit and vegetables
Orange	Bannock, bread and cereal

This allows people to quickly identify a food with its food group, e.g., "Milk belongs to the blue group."

N.W.T. FOOD GUIDE

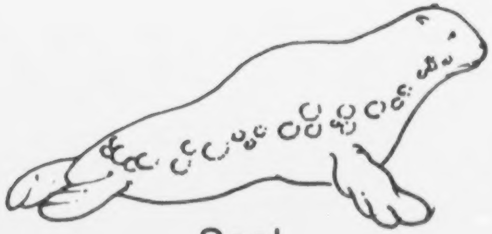
Eat foods from each group every day for healt


Milk and Milk Substitutes
For Strong Bones and Teeth
Meat, Fish, Birds and Eggs
For Strong Muscles
Bannock, Bread and Cereal
For Energy
Fruit and Vegetables
For Good Eyes, Skin and Less Infection

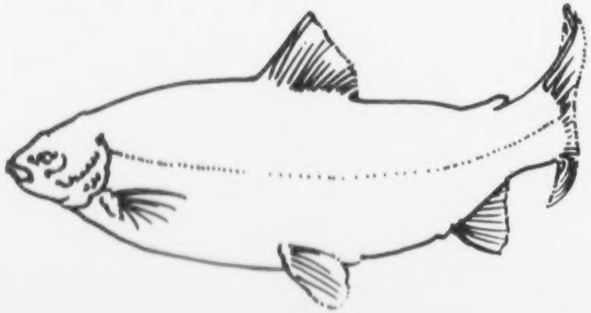
N42

COUNTRY FOODS FROM THE MEAT, FISH, BIRDS AND EGGS AND ALL EDIBLE PARTS GROUP

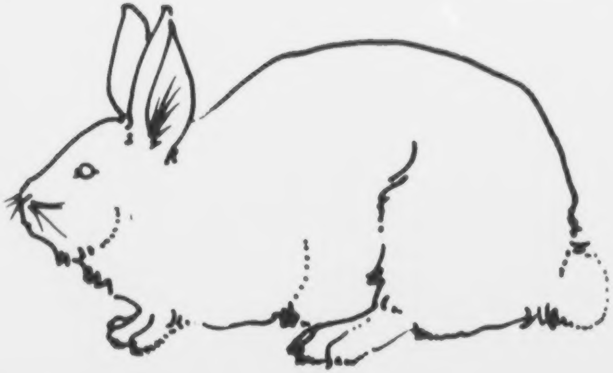
Leader Nutrients: Protein, Iron



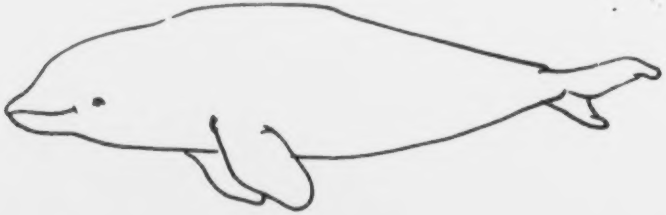
Seal



Fish



Rabbit

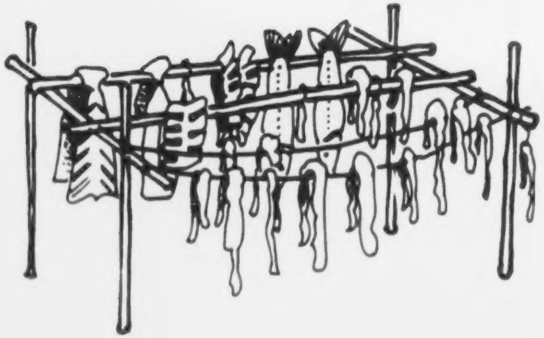


Whale

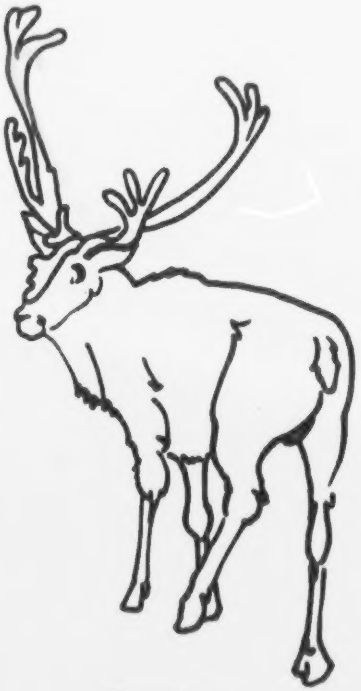
N43

COUNTRY FOODS FROM THE MEAT, FISH, BIRDS AND EGGS AND ALL EDIBLE PARTS GROUP

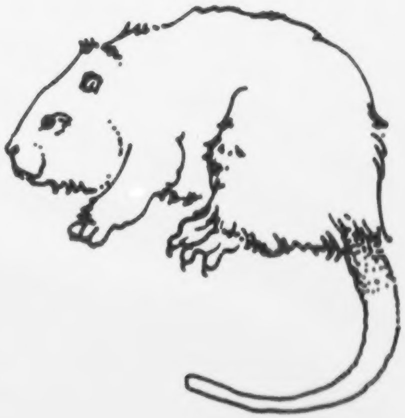
Leader Nutrients: Protein, Iron



Dried Meat and Fish



Caribou

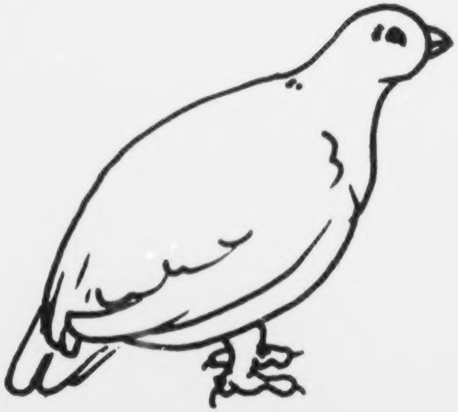


Muskrat

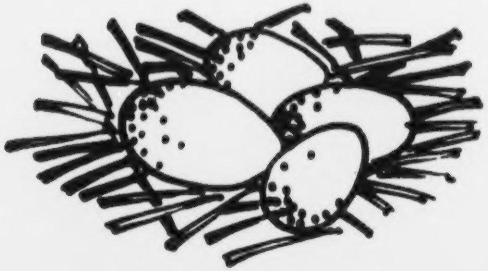
N44

COUNTRY FOODS FROM THE MEAT, FISH, BIRDS AND EGGS AND ALL EDIBLE PARTS GROUP

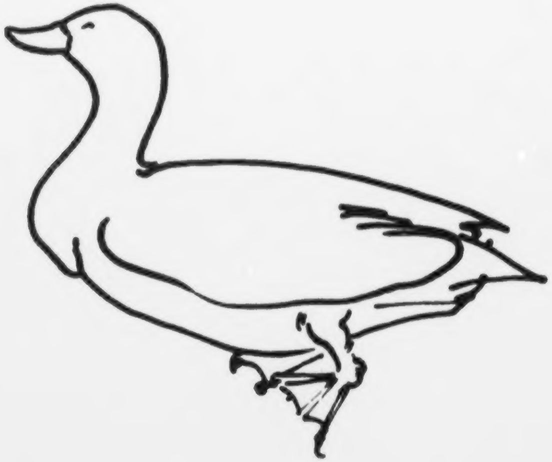
Leader Nutrients: Protein, Iron



Ptarmigan



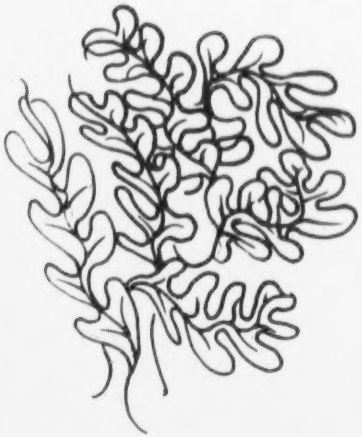
Eggs



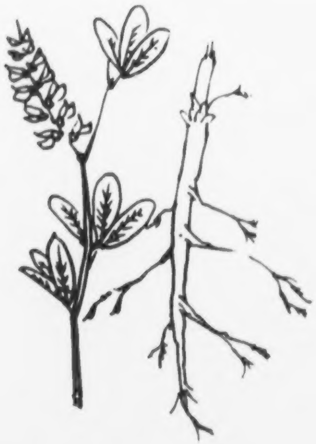
Duck

COUNTRY FOODS FROM THE FRUIT AND VEGETABLES GROUP

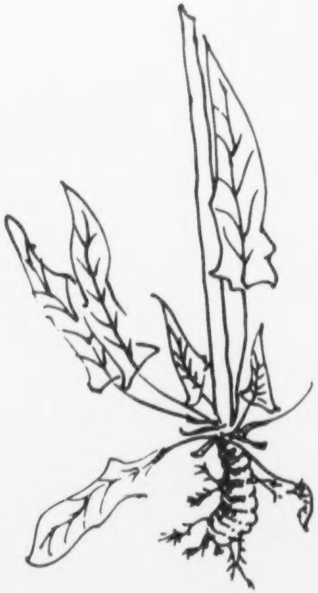
Leader Nutrients: Vitamin A, Vitamin C



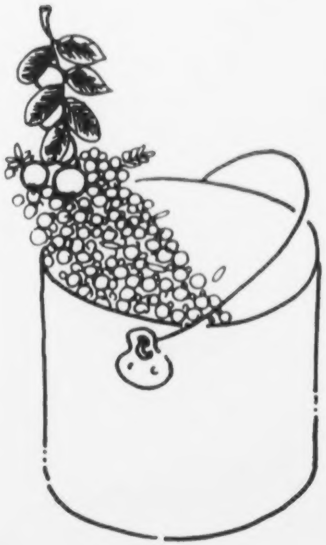
Seaweed



Clover



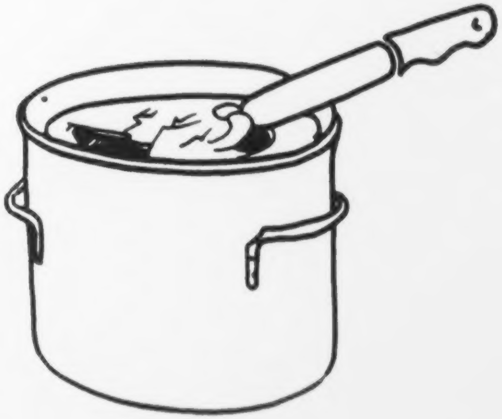
Dock



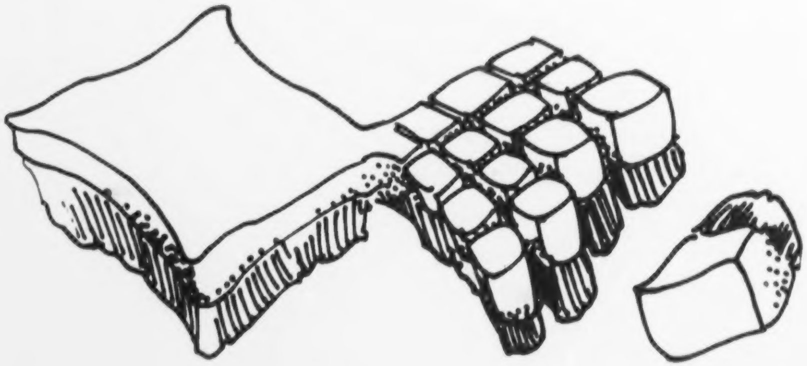
Berries

COUNTRY FOODS FROM THE FRUIT AND VEGETABLES GROUP

Leader Nutrients: Vitamin A, Vitamin C



Seal Fat

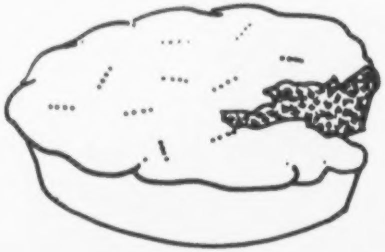


Muktuk

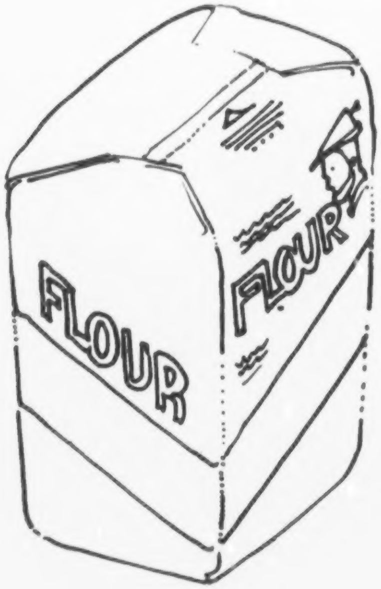
Even though these foods come from animals they are part of the Fruit and Vegetables Group because of their high vitamin content.

COUNTRY FOODS FROM THE BANNOCK, BREAD AND CEREAL GROUP

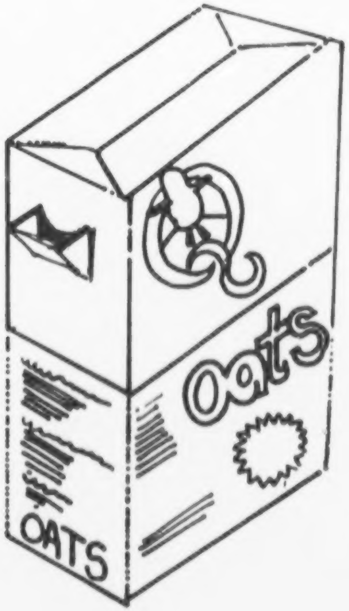
Leader Nutrient: Carbohydrates for Energy



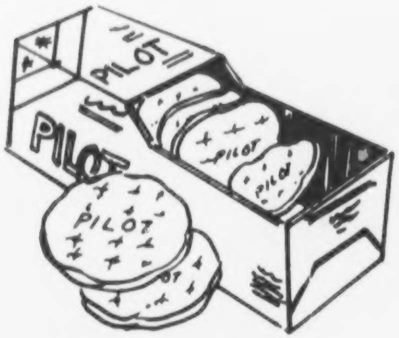
Bannock


FLOUR
FLOUR

Flour



Oats

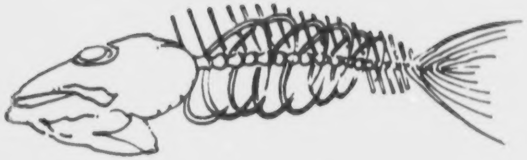

PILOT
PILOT
PILOT
PILOT

Pilot Biscuits

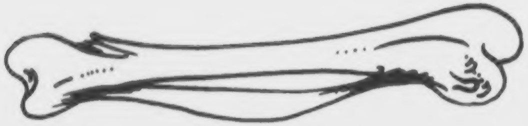
N48

COUNTRY FOODS FROM THE MILK AND MILK SUBSTITUTES GROUP

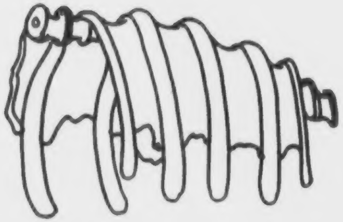
Leader Nutrient: Calcium



Fish Head and Bones



Leg Bone



Rib Bones

Even though these foods may seem like meat sources, they are part of the Milk and Milk Substitute Group because of their high calcium content.

MEAL NAMES AND TIMES

Students may eat at different times depending on the circumstances within the home.

In homes where one or more adults work (in the wage economy), and where there are school age children it is likely that students will eat a:

morning meal - or breakfast
noon meal - or lunch
evening meal - or supper/dinner
- snacks

(The terms morning meal, noon meal and evening meal are English translations of the corresponding terms in Inuinaktun, and are similar in other native languages.)

However some students may eat at other times. In some homes, food is always available and people eat continuously throughout the day, without having main meals. Not everyone eats main meals before school, at noon hour and after school/work.

What is important is that people follow the N.W.T. Food Guide, in terms of recommended numbers of daily servings and sizes of these servings. If people snack continuously, it is important that these snacks be nutritious, and include varied food items from each food group. It is also important that students start the day with nutritious food. This gives them the energy they need for work and play and aids their concentration.

WHY IT IS IMPORTANT TO START THE DAY WITH NUTRITIOUS FOOD

Many reasons are often given for skipping a morning meal. However, this is the most important food of the day. It ensures quick energy to start the day and lasting energy to carry out morning activities.

It can be any combination of foods, either solid or liquid, that supplies the nutrients needed by our bodies.

People who do not start the day with nutritious food usually fall victim to hunger pangs around coffee break time and opt for nutritionally-poor snacks such as doughnuts. They may soon get into the habit of eating high-calorie snacks, a practice which can lead to being overweight. Children who do not start the day with nutritious food have poor listening skills and are unable to concentrate on their work for long periods of time.

Nutritionally adequate food has the staying power to prevent hunger until the next meal, thus discouraging midmorning snacks and lunchtime extras. A nutritious morning meal consists of food from at least three of the four food groups.

Ref.: Nutrition Communications, Kellogg Salada Canada Inc.

NON-NUTRITIOUS FOODS

Not all available foods can be classified into the four food groups. Such foods contain too few nutrients and/or too much sugar, salt and fat which can contribute to poor health. Other than providing energy (calories or joules), these foods have very few nutrients to help our bodies grow and be healthy.

The following two types of food do not belong in any group of the N.W.T. Food Guide:

1. Foods with very few nutrients, e.g., ordinary and diet soft drinks and gum, which are usually fabricated, i.e., they do not come directly from nature and often contain unnecessary additives; these foods do little to build a strong body;

2. Foods such as potato chips, processed meats and chocolate bars which suffer nutritionally because processing removes many useful nutrients and leaves only those nutrients, e.g. sugar, fat and salt, which can be unhealthy when consumed in excess; they do little to build or maintain a strong body, and often contribute to tooth decay, obesity or high blood pressure.

The following foods in particular are often considered healthy when in fact they contain large amounts of sugar, fat or salt. They do not belong to any food group:

— whipping cream, cereal cream and sour cream, although they are dairy products, they do not belong to the Milk Group because they contain very little calcium or protein and are high in fat;
— non-dairy beverage whiteners, e.g., Coffeemate, even though they look like milk in coffee and tea, do not belong to the Milk Group because they contain no milk, but mostly sugar and oils;
— canned meats, e.g., Klik, Spam, bologna, side bacon and wieners do not belong to the Meat Group because they contain very little protein and Iron and are high in salt and fat;
— fruit drinks, fruit pop, Fruit Roll-ups, fruit jam, jelly and Jello do not belong to the Fruits and Vegetables Group because they are all high in sugar and contain very few vitamins;
— doughnuts, sweet buns, cookies and cakes have all the nutrients of the flour or cereal used in their baking, however they also contain extra fat and sugar. Sweetened cereals are sometimes enriched, and therefore contain nutrients, however they have a high sugar content.

These foods are sometimes referred to as "extras". The N.W.T. School Health Program has avoided use of this term and instead labelled them as foods which do not belong to any food group.

SNACKS

In the N.W.T. School Health Program "snacks" refer to foods eaten between main meals. They may be either nutritious (belonging to one of the four food groups) or non-nutritious (not belonging to a food group), depending on the food eaten.

Snacking habits vary greatly among families and cultures. In some families food may be more or less continuously available for eating between meals. In others, eating between meals may be discouraged. The teacher should be sensitive to this and try to determine what snacking habits his/her students have.

It is important, however, that all snacks are nutritious and are included as part of the recommended daily servings.

IMPACT OF SNACKING ON NUTRITIOUS MEALS

Nutritious meals are defined as those where there is at least one serving from each of the four food groups. The exception is breakfast which requires servings from only three food groups.

This concept of nutritious meals is based on the practice of very little snacking. If, in fact, students snack a lot (on nutritious foods) then they would not eat servings from each food group at each meal. Students should look at their daily food intake to determine if they are eating nutritiously recommended daily servings.

Milk and milk substitutes - 4 servings
Meat, fish, birds and eggs - 2 servings
Bannock, bread and cereal - 3 - 5 servings
Fruit and vegetables - 4 - 5 servings

Again, it is important to emphasize the need for nutritious food to start the day.

SNACK GUIDE

Food Group	Eat Anytime!	Eat Only With Meals and Brush Teeth Afterwards	Don't Snack on Regularly	Avoid These Snacks!
Milk and milk substitutes (Blue Group)	Plain milk, plain yogurt, cheese, soft ends of bones, soft fish bones	Milk puddings,ice cream, milkshakes, sweetened yogurt, strawberry milk, chocolate milk		
Meat, fish, birds and eggs (Red Group)	Country meats, store meats, dried meat, fish, wild birds, fish eggs, nuts and seeds, hardcooked eggs, peanut butter			
Fruits and vegetables (Green Group)	Raw berries, fruits, vegetables, salads, vegetable soup, seaweed, unsweetened fruit and vegetable juice, animal stomach contents	Raisins, dried fruit, sweetened fruit, sweetened fruit juice, unsweetened fruit leather		
Bannock, bread and cereal (Orange Group)	Bannock, enriched and whole grain breads and muffins, crackers, unsweetened cereals, plain popcorn	Granola bars, homemade; low sugar, granola, whole grain cookies		Presweetened cereal
Other foods (foods in more than one group and foods not in the Food Guide)	Pizza, clear soups, sandwiches (meat, cheese, eggs or peanut butter) hamburgers		Pretzels, buttered/ salted popcorn, potato chips, cheesies, sugar-free soft drinks, sugar-free gum	Regular soft drinks (pop), honey, jam, jellies, chocolate bars, cookies, candies, regular gum, breath mints, popsicles, sweet buns, doughnuts. "Drink' crystals (Tang), fruit roll-ups

A VARIETY OF HEALTHY SNACK FOODS

FRUITS AND VEGETABLES

Unsweetened fruit or vegetable juice (the word "juice" must be on the label); raw fruit and vegetable pieces; canned fruits that are unsweetened or packed in their own juices; fruit juice popsicles; wild berries; wild vegetables.

MILK AND MILK PRODUCTS

Homo milk, evaporated, UHT; 2% of skim milk, or reconstituted skim milk powder or a combination; low fat cheese; cheese or cottage cheese; plain yogurt; plain yogurt with fresh fruit or juice added; soft ends of bones to chew on.

BREAD AND CEREALS

Bannock; crackers, pilot biscuits, etc.; unsweetened dried cereals; cooked cereals; whole wheat bread or toast; enriched white bread or toast; fruit or whole grain muffins or loaf; homemade cookies — oatmeal, peanut butter.

MEAT AND ALTERNATIVES

Wild game — raw, fresh, frozen, cooked or smoked; fish — canned, fried, frozen or smoked; hard cooked egg; peanut butter; nuts and seeds — sunflower and pumpkin; cheese; meat — sliced, cold, cooked, canned, dried, smoked.

JUICE
NO SUGAR ADDED

COMBINATION SNACKS

Bannock with peanut butter, cheese, berries, raisins, etc.; celery sticks with peanut butter or cheese; mini pizza (English muffin or roll with tomato or spaghetti sauce and cheese); peanut butter on toast or bread; cheese on toast or bread; cheese and crackers; cheese and fruit; raw fruits or vegetables with a yogurt dip; cereal with milk and fruit.

Snacks can be served with unsweetened fruit juice or milk as a beverage. To quench thirst, water is the best!

Material for Teacher Background Information is adapted from: N.W.T. Food Guide (Teaching Guide): Regional Nutritionist, Medical Services Branch, N.W.T. Region; Nutrition Month Kits (1985 - 1988): Nutrition Liaison Committee of the N.W.T., Medical Services Branch, N.W.T. Region.

GRADE 2

DENTAL HEALTH

DENTAL HEALTH

GRADE 2 **LESSON: 1** **THEME: STRUCTURE AND FUNCTION**

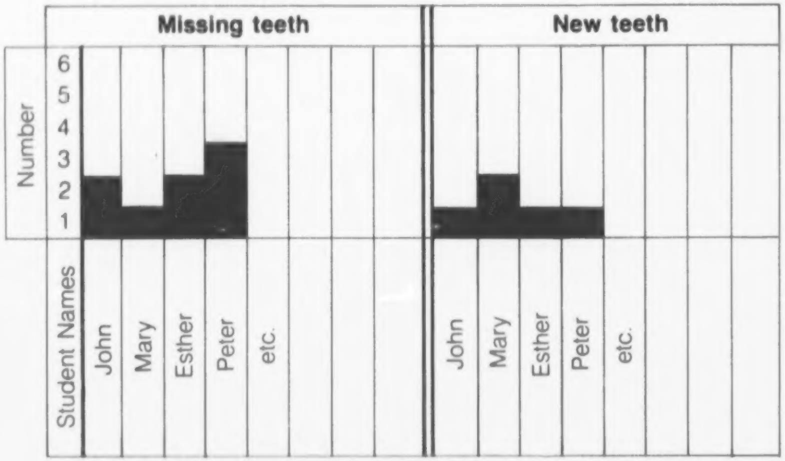
CONCEPT: PRIMARY TEETH ARE REPLACED BY PERMANENT TEETH IN A SPECIFIC SEQUENCE

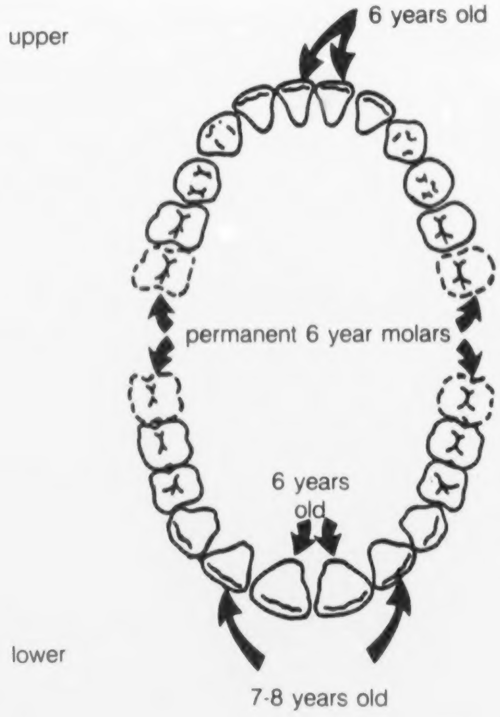
PREPARATION:

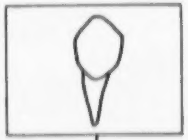
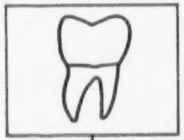
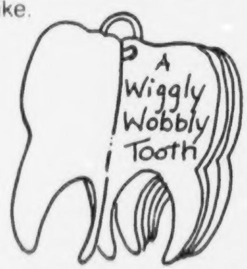
1. Prepare a class set of the 'Wiggly Tooth' song (Activity Sheet D16)
2. Prepare a class set of the 'My New Teeth' worksheet (Activity Sheet D17)
3. Several handmirrors
4. A large diagram of primary teeth
5. Prior to the lesson, ask a dental health worker for a primary and permanent tooth

VOCABULARY: primary, permanent

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page D45 to D52
i) describe the sequence of teeth replacement	1. Sing the 'Wiggly Tooth' song.	Refer to Activity Sheet D16. Have students talk about a time they had a 'wiggly' tooth and what happened.
	2. Describe primary teeth falling out and new teeth coming in.	Explain that children have 20 primary (or baby) teeth which start to fall out at 5 or 6 years of age and are eventually replaced by 32 permanent teeth.
	3. Complete the 'My New Teeth' worksheet.	Refer to Activity Sheet D17. Have students work in pairs or give them mirrors so that they can complete the Activity Sheet. Have them draw in any permanent 6-year molars they may have on the upper or lower jaw.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	4. Record on a class bar graph the number of missing and new teeth.	Prepare a chart on missing and new teeth. Students record their findings on the chart. Discuss the findings with the class.  (All children should have some new teeth.)

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	5. Describe the sequence of tooth replacement up to 8 years of age.	Draw a large diagram of an upper and lower jaw. Ask students to indicate where they have teeth missing or have new teeth.  upper 6 years old permanent 6 year molars 6 years old lower 7-8 years old

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) compare the characteristics of a primary and a permanent tooth	6. Compare a primary tooth with a permanent tooth.	Prior to the class, ask the local dental health worker for a shed primary and permanent tooth. Have students compare the two teeth. Make a list of comparative adjectives.  
	7. Write a story about 'A Wiggly, Wobbly Tooth'.	Have students write their own story about a time they had a 'wiggly' tooth. Have them describe the 'baby' tooth. Then have them write about the new tooth which grew in its place and what it looked like. They can put their stories in a book in the shape of a tooth. 

primary	permanent
whiter	creamier
smaller	bigger
thinner	wider
old	new
sharper	grooved

THE WIGGLY TOOTH

I have a wiggly tooth,
I have a wiggly tooth,
Wiggle, waggle, wiggle, waggle
I have a wiggly tooth.

I can wiggle it with my tongue
I can wiggle it with my tongue
Wiggle, waggle, wiggle, waggle,
I can wiggle it with my tongue.

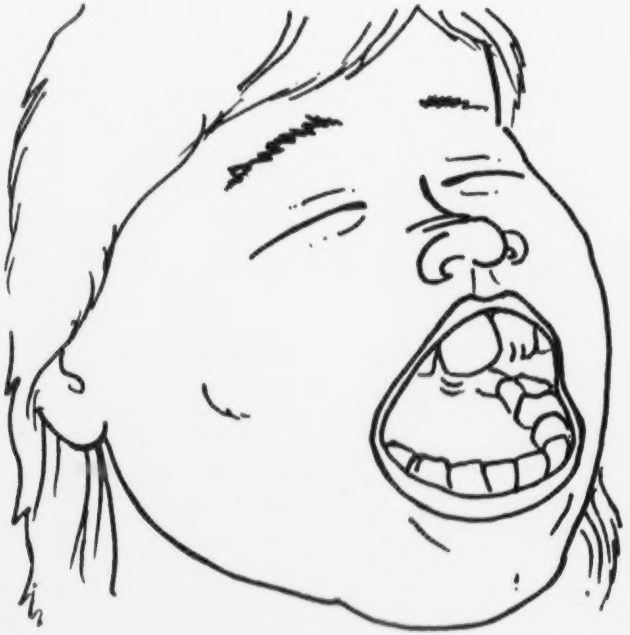
I can wiggle it to the left, ...

I can wiggle it to the right, ...

My wiggly tooth fell out, ...

(Tune: The Farmer's In The Dell)

A new tooth's growing there
A new tooth's growing there
Bigger, bigger, bigger, bigger
A new tooth's growing there.



Helen Balanoff

MY NEW TEETH

Colour your baby teeth blue.

Put an X if your tooth fell out.

Colour your new teeth red.

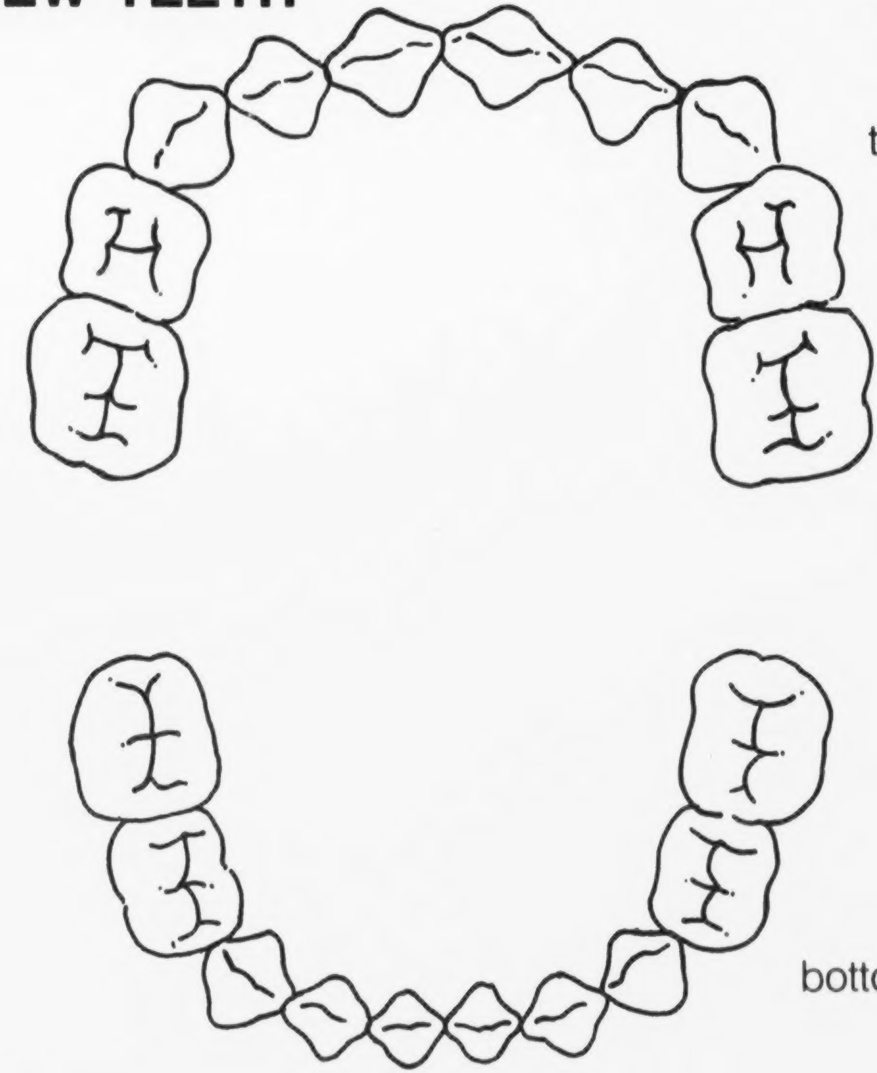
If you have new teeth at
the back, draw them in.

Count your teeth

Baby teeth ____________________

New teeth ____________________

Spaces ____________________



DENTAL HEALTH

GRADE 2 **LESSON: 2** **THEME: ORAL HYGIENE**

CONCEPT: REGULAR USE OF ORAL HYGIENE SKILLS PROMOTES DENTAL HEALTH

PREPARATION:

1. Enough dental floss for all students
2. Prior to the lesson, invite a dental therapist, if available, to demonstrate effective flossing skills
3. A large dentiform model
4. Pocket chart and sentence strips
5. Prepare a class set of the 'Checking My Teeth' worksheets (Activity Sheets D18A and D18B)

VOCABULARY: floss, flossing, between

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page D35 to D42 Dental flossing requires a certain degree of manual dexterity. Not all students can manipulate the floss as required. Misuse of the floss can result in injuries to the gums.
i) demonstrate effective flossing skills	1. Review effective toothbrushing skills.	This is a review of Kindergarten and Grade 1. Teachers should ensure that students demonstrate effective toothbrushing skills before teaching flossing.
	2. Explain why people floss their teeth.	Show students some dental floss. Ask them if they know what it is used for. Dental floss is used to clean in between teeth, where the toothbrush cannot reach.

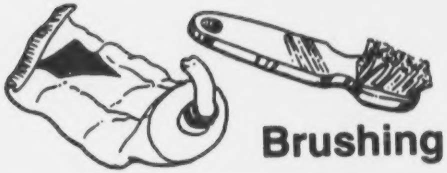
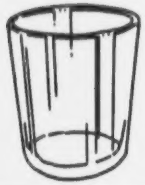
3.37 3.38

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. Observe a demonstration of effective flossing skills.	Prior to the lesson, invite a dental therapist, if one is available in the community, to demonstrate effective flossing. (If there is no dental therapist available, demonstrate yourself. A large dentiform model is useful.)
	4. Demonstrate effective flossing skills.	Have students take turns demonstrating effective flossing skills.
ii) explain when to floss and brush the teeth	5. Explain when to floss and brush their teeth.	Teeth need to be flossed and brushed thoroughly once a day. Floss before brushing to remove food debris from between the teeth so it can be brushed away. Many people floss and brush after eating and before bedtime. If a person cannot floss and/or brush after eating, rinse the mouth with water. Flossing and brushing programs at school support the home in promoting positive dental health behaviours. Toothbrushes can be stored in classrooms on wooden racks or hooks which students make in the industrial arts 'shop'. Have students respond to the questions: When do you floss your teeth? When do you brush your teeth? I floss brush my teeth before I brush my teeth three times a day after eating very well once a day before I go to bed

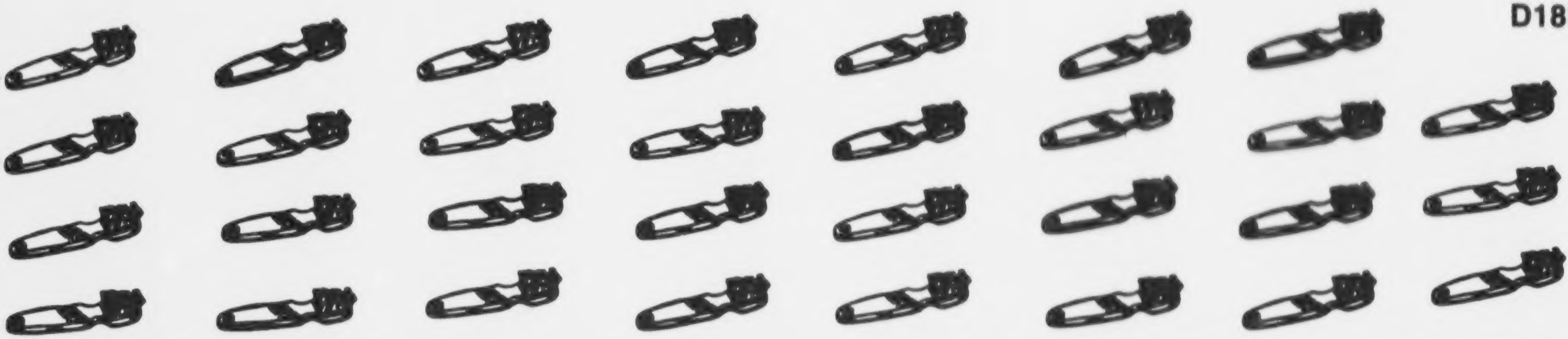
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
iii) explain the importance of brushing and flossing daily	6. Explain why it is important to brush and floss daily.	Brushing and flossing are dental skills that remove food and sticky material from teeth so the teeth do not become diseased. Emphasize the importance of daily care of teeth so they last a lifetime.
iv) practise effective toothbrushing and flossing skills	7. Keep a record of their toothbrushing and flossing behaviours.	Refer to Activity Sheets D18A and 18B. Have students keep a record of their toothbrushing and flossing behaviours at home. Have them cut out a toothbrush, floss container and glass of water for every time they brushed or flossed their teeth or rinsed their mouth. Glue these on the record which should be kept for a minimum of one week.
	8. Practise daily brushing and flossing skills at school.	Teachers are encouraged to have a flossing and brushing program at school throughout the year. Teachers can use weekly/monthly dental charts to record student dental behaviours.

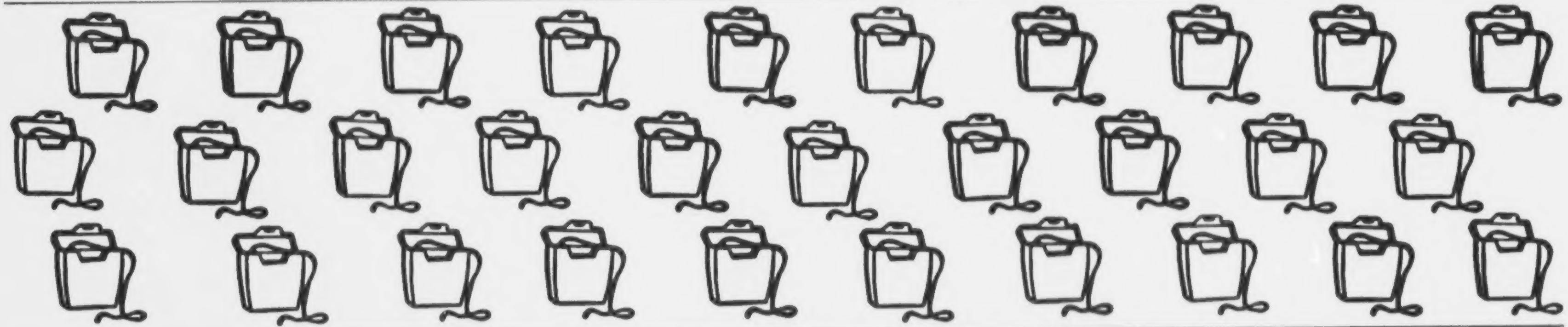
D18A

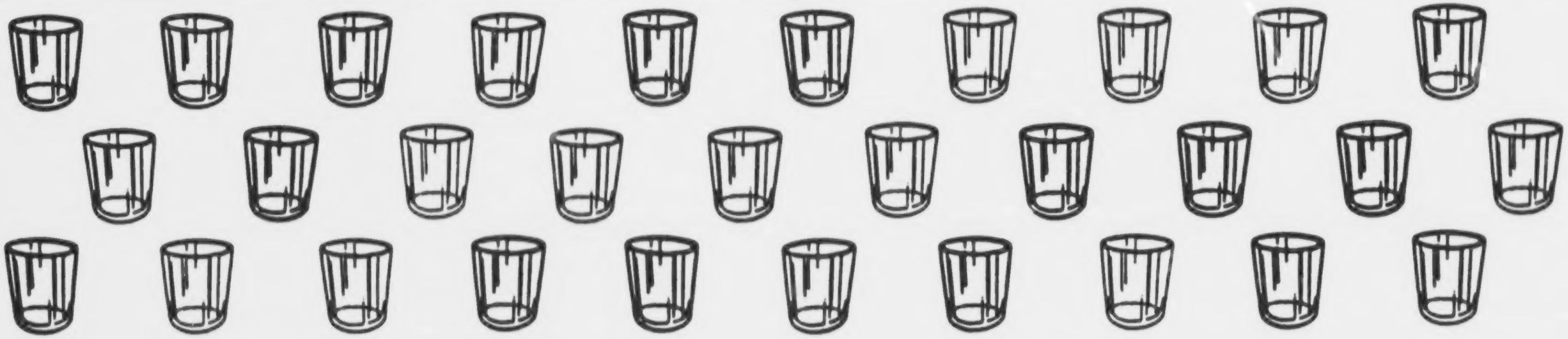
CLEANING MY TEETH

	 **Brushing**	**Flossing**	 **Rinsing**
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

D18B







DENTAL HEALTH

GRADE 2 **LESSON: 3** **THEME: FACTORS AFFECTING DENTAL HEALTH**

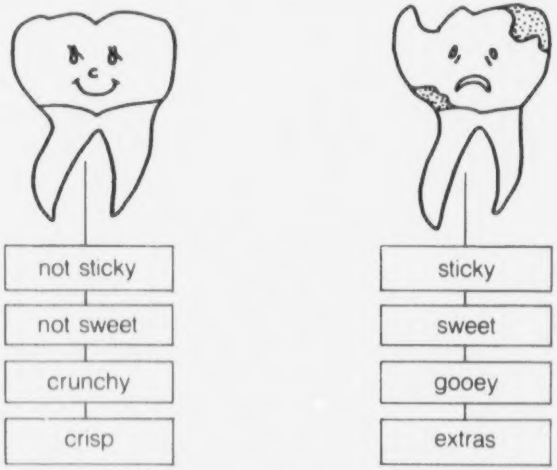
CONCEPT: THE FOOD WHICH PEOPLE EAT AFFECTS THEIR DENTAL HEALTH

PREPARATION:

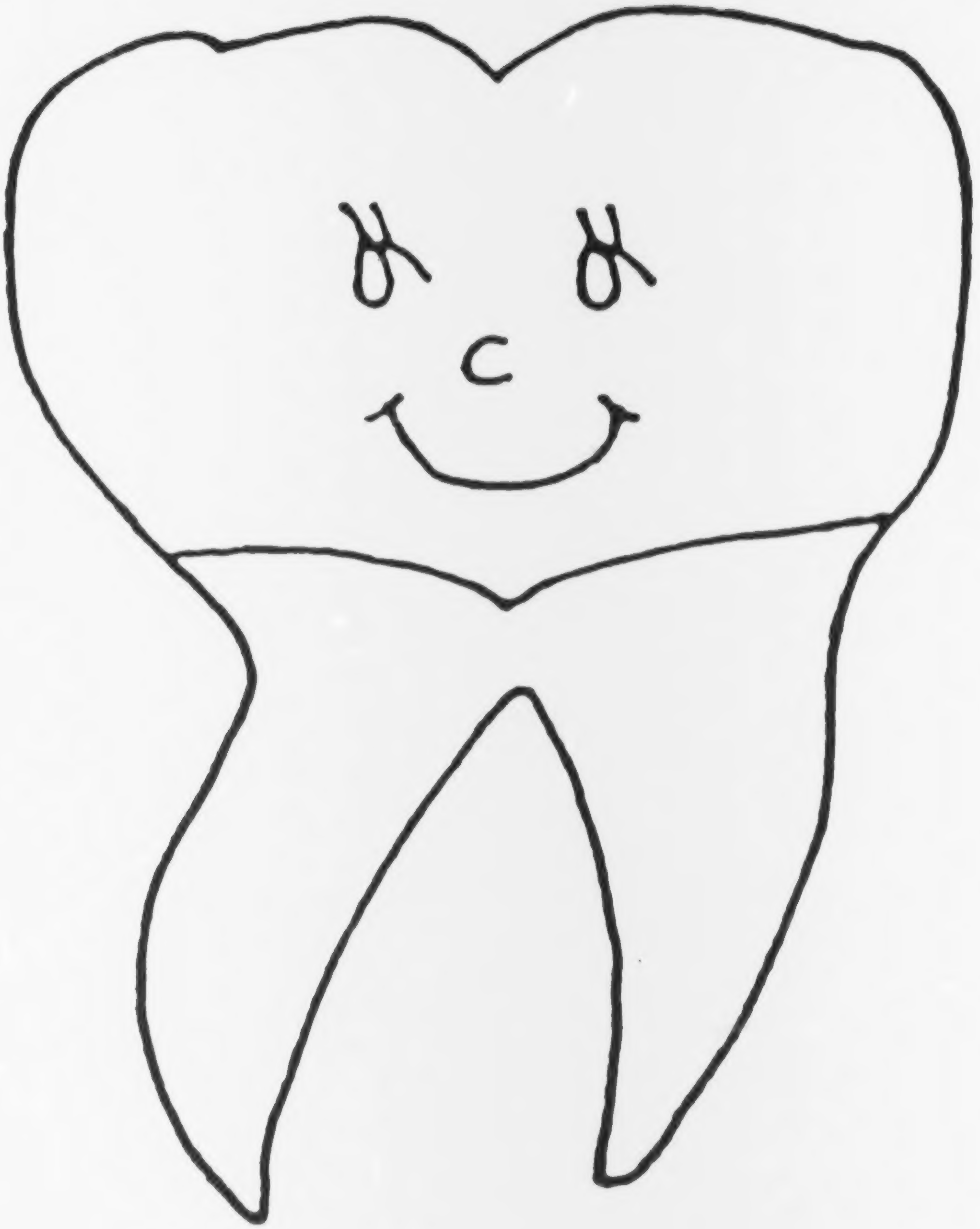
1. A dentally safe snack for all students
2. Prepare a class set of 'Happy and Sad Teeth' Outlines (Activity Sheets D19A and 19B)
3. Popsicle sticks for each Happy and Sad Tooth
4. Samples of dentally safe and dentally unsafe snacks

VOCABULARY: dentally safe, dentally unsafe

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) distinguish between dentally safe and dentally unsafe snacks	Students: 1. Eat a dentally safe snack	Background Information: Page D35 to D42 Provide students with a dentally safe snack to eat. Dentally safe snacks include: - fresh fruit - raw vegetables - crackers - dried meat or fish - unsweetened juice - cheese - nuts or seeds Ask students to identify if this was a dentally safe or dentally unsafe snack.

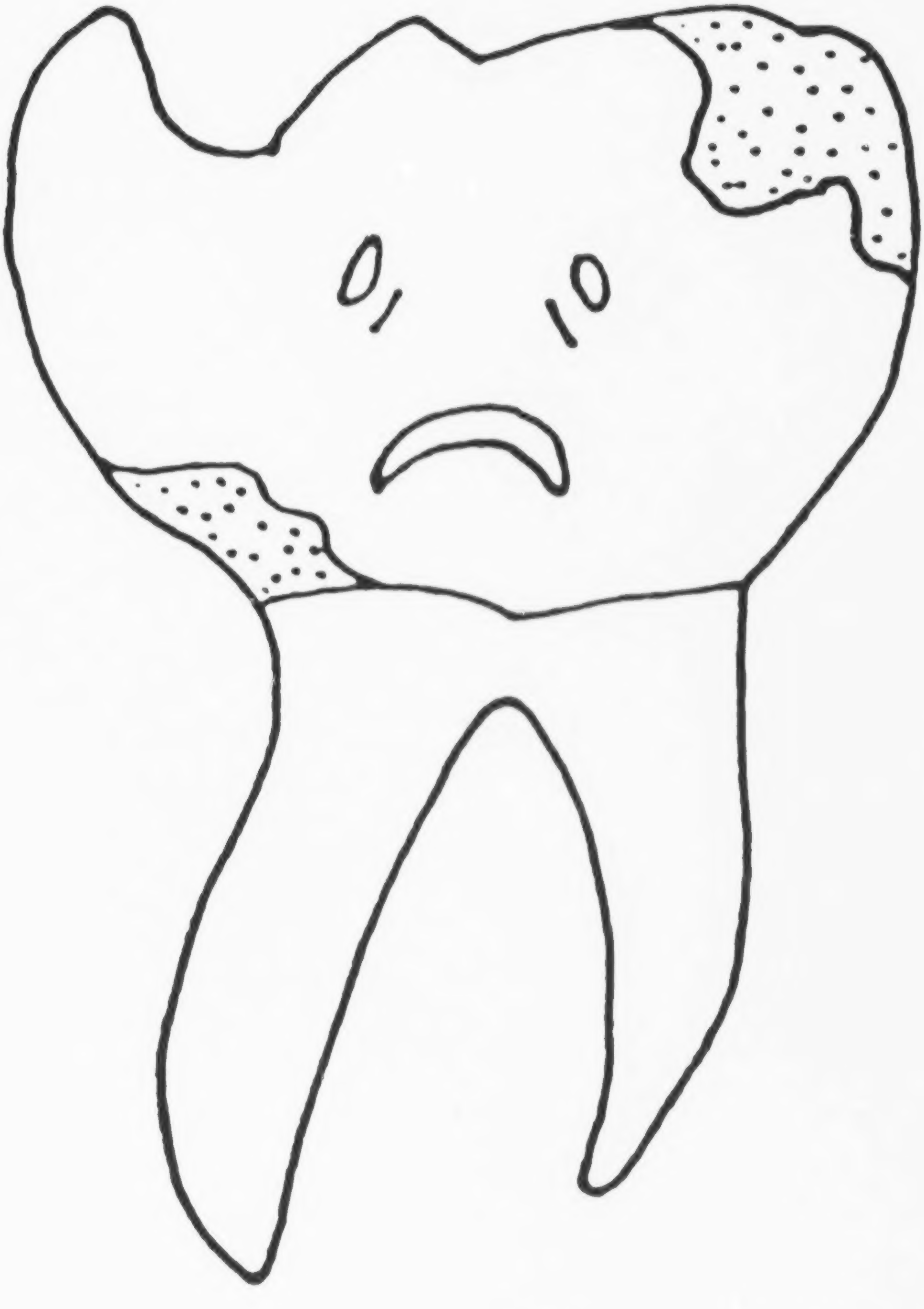
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. List words to describe dentally safe and dentally unsafe snacks.	Brainstorm with students words to describe dentally safe and dentally unsafe snacks.  not sticky not sweet crunchy crisp sticky sweet gooey extras
	3. Identify dentally safe and dentally unsafe snacks.	Refer to Activity Sheets D19A and 19B. Have students cut out the happy and sad teeth and stick each one on a popsicle stick. Show students samples of dentally safe and dentally unsafe snacks, one at a time. Students identify each food as dentally safe or unsafe by holding up the correct tooth.

HAPPY AND SAD TEETH



D19A

HAPPY AND SAD TEETH



D19B

DENTAL HEALTH

GRADE 2 **LESSON: 4** **THEME: DENTAL DISEASE**

CONCEPT: MANY FACTORS CONTRIBUTE TO DENTAL DISEASE

PREPARATION:

1. Enough floss for all the students in the class
2. Enough disclosing tablets for all the students in the class (available from Dental Clinics)
3. Several mirrors
4. Prepare a class set of the Plaque On My Teeth worksheet (Activity Sheet D20A)

VOCABULARY: plaque, gums, between

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page D35 to D42
i) explain what dental plaque is	1. Floss between the front teeth and observe the floss.	Give each student a piece of floss. Have them floss between their front teeth. Have them look at what is on the floss. Explain that it is called 'plaque'.
ii) describe where dental plaque is commonly found	2. Chew a disclosing tablet and observe where the plaque is located.	Distribute red disclosing tablets to students. Have students chew and swish and spit. Then students look in mirrors for pink colouration that indicates plaque. Plaque is a sticky white substance that contains germs and sticks **to** the teeth, **between** the teeth and on the gum line.

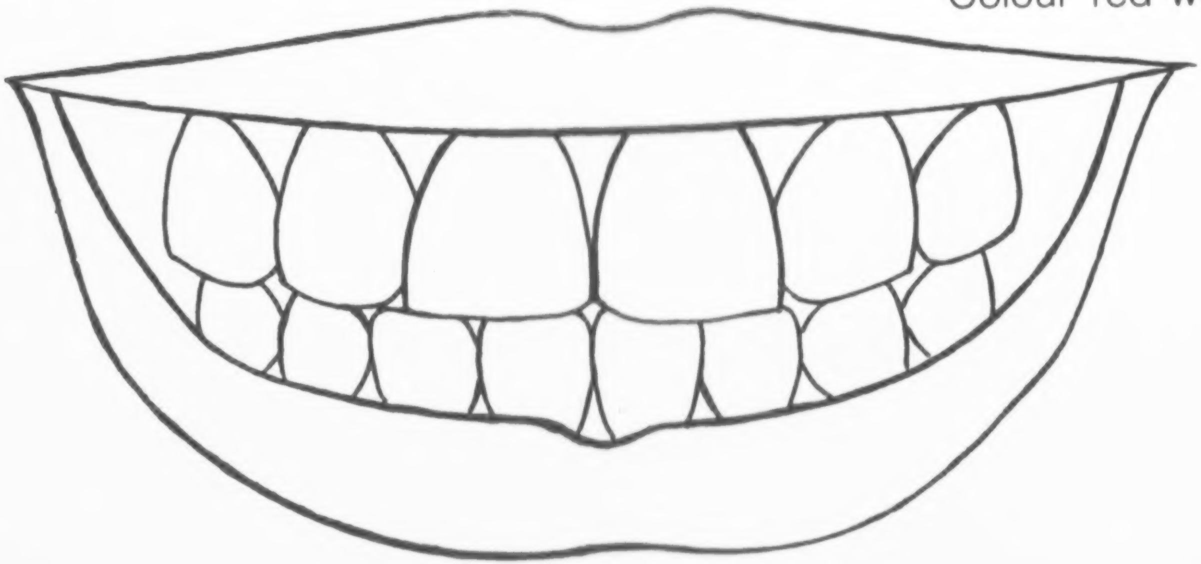
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Have students respond to the question Where do you find plaque? using the sentence pattern: You find plaque on your teeth between your teeth near your gums
iii) explain why it is important to remove plaque daily	3. Explain why it is important to brush and floss thoroughly every day.	Brushing and flossing the teeth thoroughly each day helps to remove plaque that forms continuously **on** the teeth, **between** the teeth and on the gum line. Plaque is a leading factor in tooth decay.
	4. Complete the 'Plaque On My Teeth' worksheet.	Refer to Activity Sheet D20A. Refer to Activity Sheet D20B for answers. Have students look in the mirror and colour red on the worksheet teeth where they can see plaque. Have them draw and write about three things they can do to prevent plaque build-up.

PLAQUE ON MY TEETH

D20A

Look in the mirror.

Colour red where you have plaque.



Draw and write about 3 things you can do to stop plaque.

1. I can ______________________________

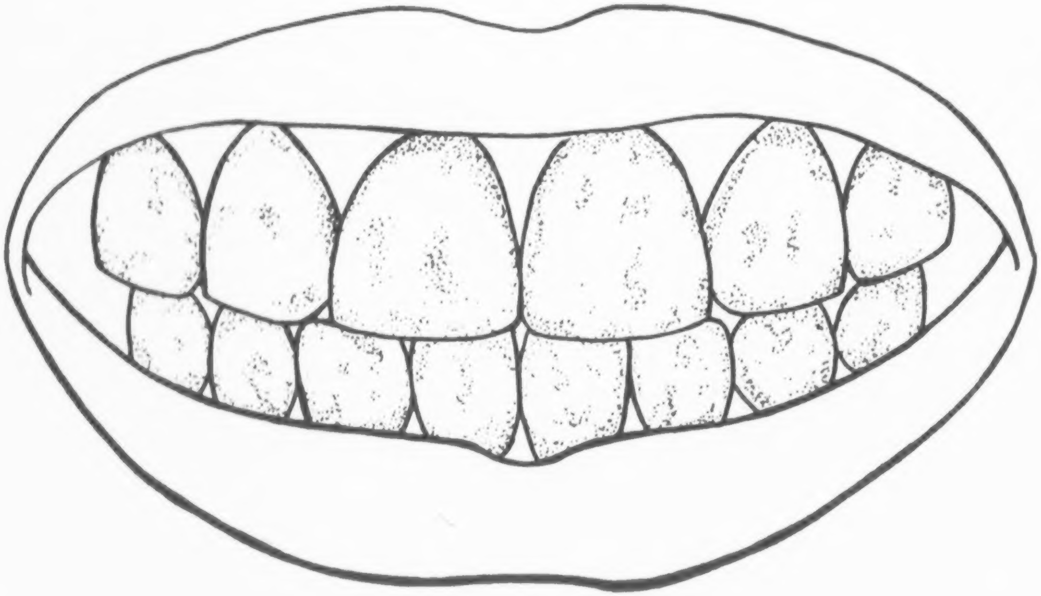
2. I can ______________________________

3. I can ______________________________

D20B

PLAQUE ON MY TEETH

(Teacher Answer Guide)



This is where
plaque is often found.

1. I can brush my teeth.
2. I can floss my teeth.
3. I can rinse my mouth with water.

DENTAL HEALTH

GRADE 2 **LESSON: 5** **THEME: DENTAL SERVICES AND PRODUCTS**

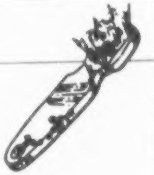
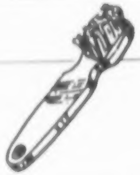
CONCEPT: APPROVED DENTAL HEALTH PRODUCTS PROMOTE DENTAL HEALTH

PREPARATION:

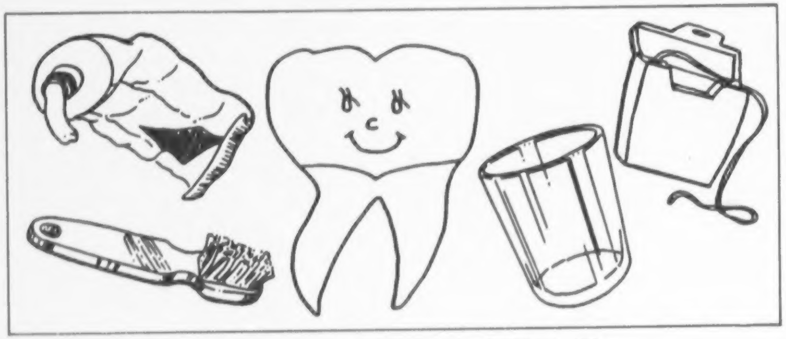
1. An old and a new toothbrush
2. Prior to the lesson, contact a local dental health worker for a class set of toothbrushes
3. Dental health products, labels, wrappers, advertisements for a class collage

VOCABULARY: bristles, bent, straight, even, uneven

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify some common dental health products that promote dental health	Students: 1. Compare the characteristics of an old and a new toothbrush	Background Information: Page D35 to D42 Show students an old toothbrush and a new toothbrush. Have them talk about some of the differences. Record student responses on an experience chart as illustrated.

old	**new**
- bent bristles - uneven bristles - missing bristles - dirty 	- straight bristles - even bristles - flat on top - clean 

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Identify the characteristics of a good toothbrush.	Have students respond using the sentence pattern: A good toothbrush — has a straight handle has even bristles has flat bristles is clean is soft Show students a **hard** toothbrush. Discuss why soft toothbrushes are better. Soft bristles don't erode enamel.
	3. Write poems about old and new toothbrushes.	Have students write poems about their toothbrushes using the characteristics of each. **toothbrush** old toothbrush old, bent toothbrush old, bent, dirty toothbrush old, bent, dirty, no-good toothbrush **toothbrush** new toothbrush new, straight toothbrush new, straight, clean toothbrush new, straight, clean, good toothbrush Read them to the rest of the class.
	4. Participate in a toothbrush swap.	Prior to the lesson, you are encouraged to contact the local dental health worker to obtain a class set of toothbrushes. Students can then bring their old toothbrushes to school to trade for a new toothbrush.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	5. Make a class collage of dental health products.	Have students collect some new toothbrushes, labels, wrappers, advertisements and actual dental health products to make a collage.  Happy Teeth Are Clean Teeth

GRADE 2

TEACHER BACKGROUND INFORMATION

DENTAL HEALTH

DENTAL DECAY

The strange thing about dental decay is that it is so prevalent when so much is known about its causes and prevention.

There is no doubt that dental decay is a bacterial disease and is specifically related to the activity of dental or bacterial plaque which forms on teeth. If the teeth are thoroughly cleaned, this bacterial film or plaque will reform within 24-36 hours. The plaque progressively thickens if left undisturbed for several days, and in some areas of the mouth may become covered by food debris. Much of this food debris can be removed by rigorous mouth rinsing with water, but the plaque itself is only removed by brushing and flossing. The particularly damaging property of dental plaque is the ability of the bacteria to thrive on dietary sugar and to rapidly produce acids which can dissolve the tooth material.

It is apparent that diet is an important factor in decay. The typical Canadian diet is high in refined carbohydrates, and is highly conducive to dental decay. Sticky candies or confections which adhere to the teeth or hard candies which are kept in the mouth for long periods of time are particularly damaging since they provide sugar to the plaque, and hence destructive acids, for a prolonged period of time. It is the food remaining in the mouth that is important to plaque activity. Hence, regular and thorough removal of food and plaque could theoretically eliminate the decay-producing activity of the diet. In reality, it would be dangerous to rely completely on oral hygiene for the prevention of dental decay.

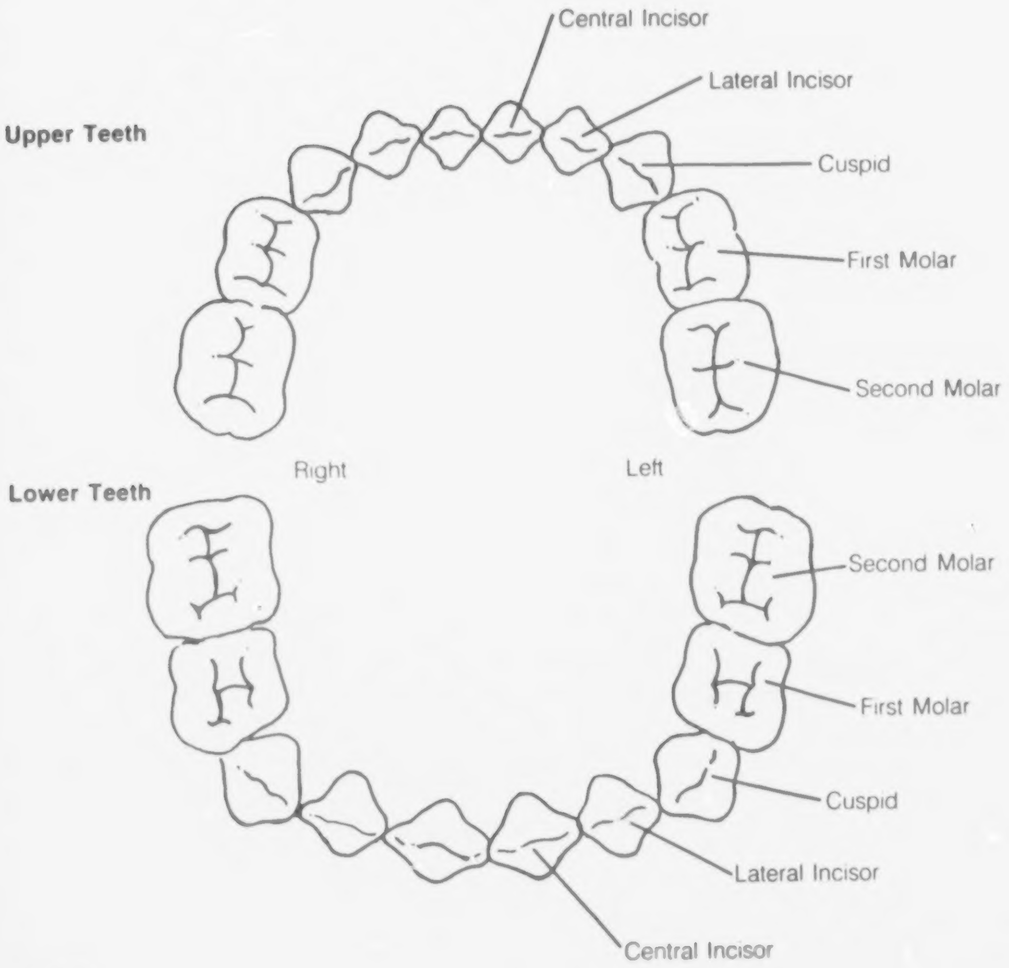
The role of heredity in dental disease is not well understood. Despite seemingly inherited bad gums or proneness to decay, personal neglect and poor quality dentistry are leading causes of poor teeth. Experience does indicate that some mouths are more prone to decay than others, but not because of so-called soft teeth. People who believe they have soft teeth often despair of their chances to keep their teeth. This despair is often associated with poor oral hygiene, dental neglect, faulty nutrition, or experience with poor-quality dentistry. With good home care, regular dental visits and the conscientious application of the principles of modern dentistry, most people should be able to enjoy a healthy mouth and retain their teeth for their lifetime.

Good oral hygiene (proper brushing after each meal and brushing and flossing prior to going to bed) is difficult enough for adults to establish; for children, it is doubly difficult. Not only do young children lack the dexterity to brush and floss their teeth properly, but the benefits of such skills would be considerably reduced in the typical young "continuous eater". Parents should not only assist their young children in the brushing technique and floss their children's teeth up to about age 8, but should strive to keep the snack habit to the minimum, particularly of foods and drinks containing sugar. In lunches or at snack time children should not be given hard or sticky treats such as lollipops or toffee having sugar that remains in the saliva for a long time.

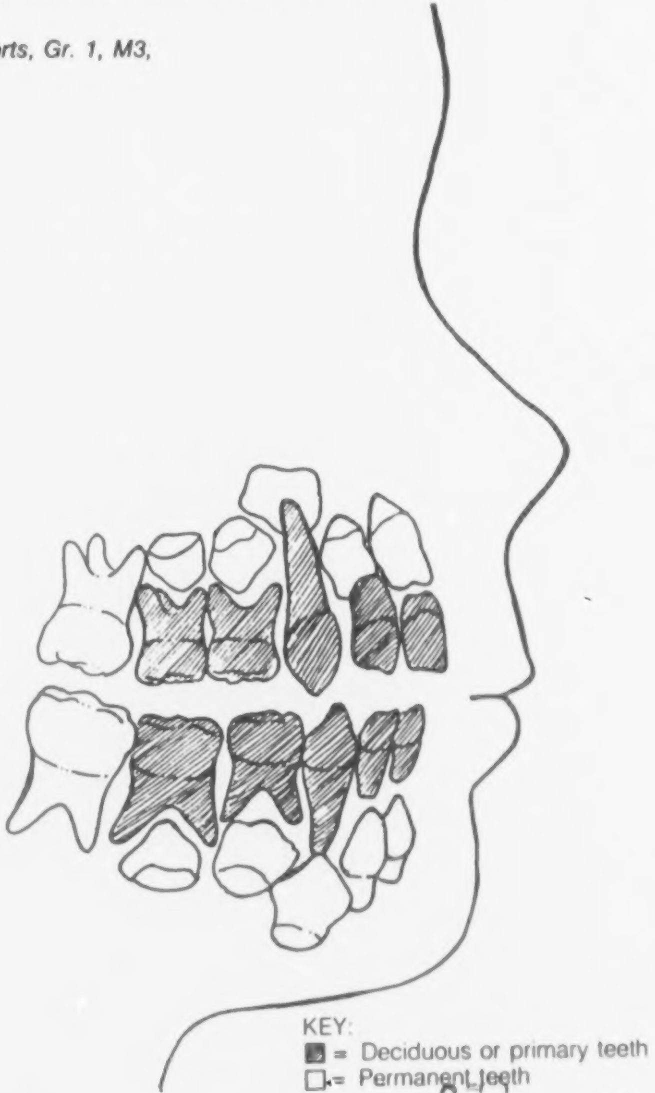
Adapted from 'Dental Health: A Teacher's Guide K-12,' Health and Welfare Canada

PRIMARY (BABY) TEETH

From Health Education, Dental Health Teaching Supports, Gr. 1, M3, Manitoba Education, 1986


Upper Teeth
Central Incisor
Lateral Incisor
Cuspid
First Molar
Second Molar
Right
Left
Lower Teeth
Second Molar
First Molar
Cuspid
Lateral Incisor
Central Incisor

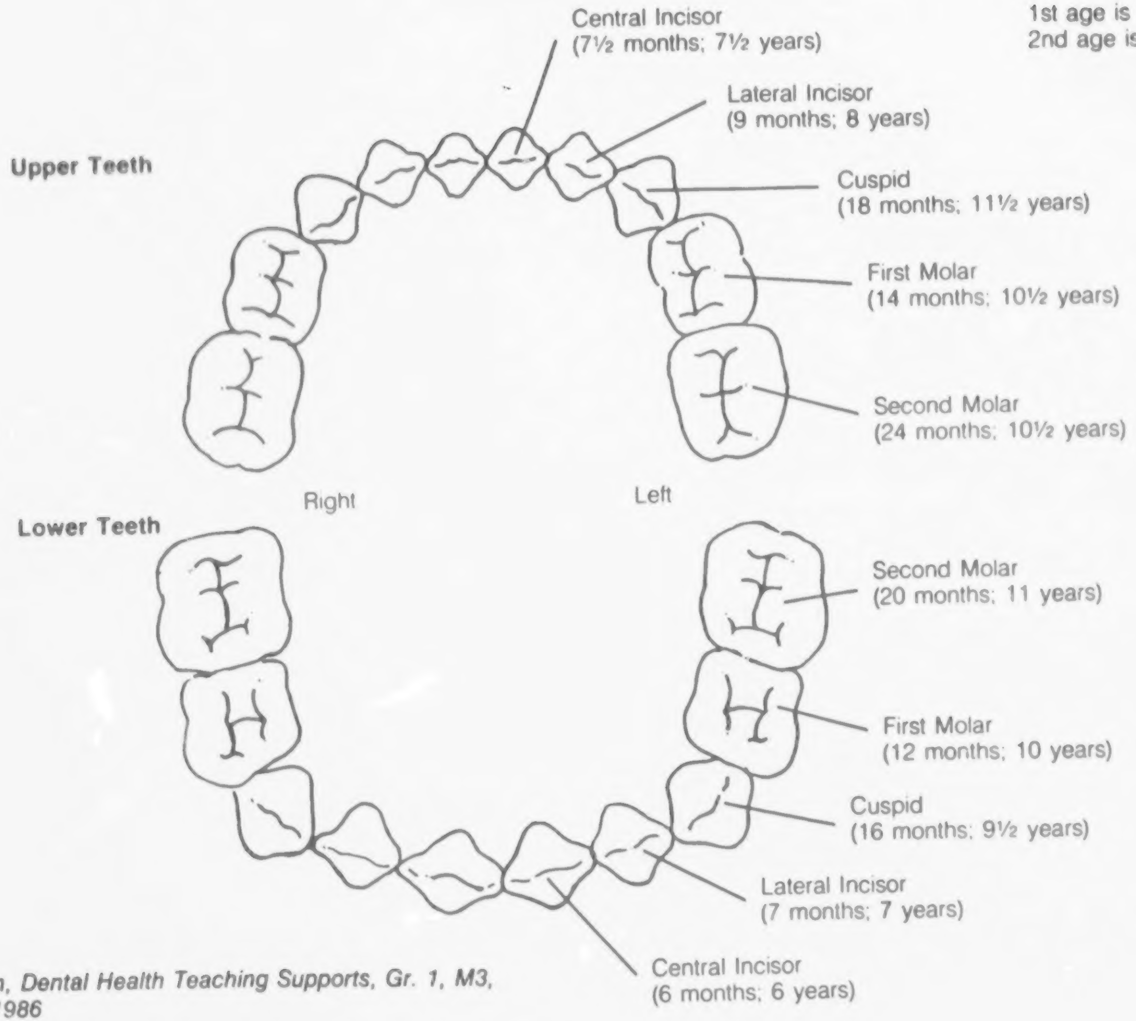
LOCATION OF TEETH AT 6 YEARS OF AGE


KEY:
▨ = Deciduous or primary teeth
☐ = Permanent teeth

AGE SCHEDULE FOR PRIMARY TEETH

PRIMARY (BABY) TEETH

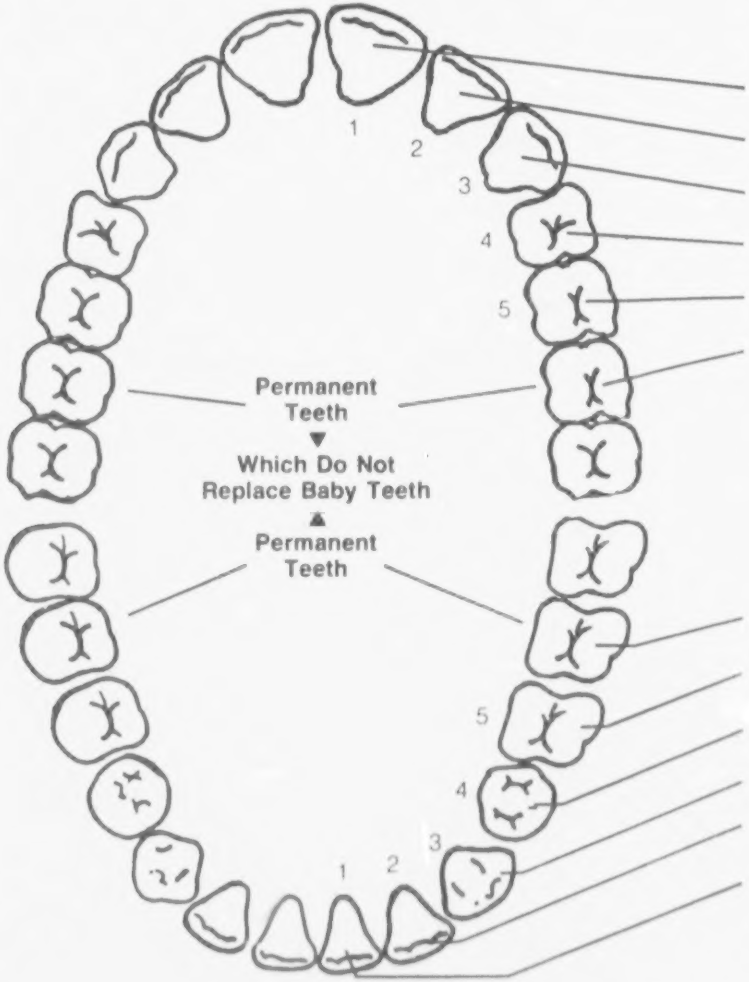
1st age is when tooth erupts (comes in)
2nd age is when tooth sheds (falls out)


Central Incisor
(7½ months; 7½ years)
Lateral Incisor
(9 months; 8 years)
Upper Teeth
Cuspid
(18 months; 11½ years)
First Molar
(14 months; 10½ years)
Second Molar
(24 months; 10½ years)
Right
Left
Lower Teeth
Second Molar
(20 months; 11 years)
First Molar
(12 months; 10 years)
Cuspid
(16 months; 9½ years)
Lateral Incisor
(7 months; 7 years)
Central Incisor
(6 months; 6 years)

From Health Education, Dental Health Teaching Supports, Gr. 1, M3, Manitoba Education, 1986

AGE SCHEDULE FOR PERMANENT TEETH

(Teeth numbered 1 to 5 replace baby teeth)


1
2
3
4
5
Permanent Teeth
▼
Which Do Not Replace Baby Teeth
▲
Permanent Teeth
5
4
3
2
1

Year That Teeth Come In

7-8 years (Central Incisor)
8-9 years (Lateral Incisor)
11-12 years (Cuspid)
10-11 years (First Premolar)
10-12 years (Second Premolar)
5-7 years (First Molar)
12-13 years (Second Molar)
17-21 years (Third Molar)
17-21 years (Third Molar)
11-13 years (Second Molar)
6-7 years (First Molar)
11-12 years (Second Premolar)
10-12 years (First Premolar)
9-10 years (Cuspid)
7-8 years (Lateral Incisor)
6-7 years (Central Incisor)

Note: Bicuspid is another term for premolar.

DENTALLY SAFE FOOD and DENTALLY UNSAFE FOOD

- unsweetened fruit juice
- unsweetened vegetable juice
- raw vegetables and salads
- raw fruits
- nuts, seeds
- cheese
- plain milk
- plain yogurt
- enriched, whole wheat bread and bannock
- whole grain cereals
- crackers
- bran muffin
- pizza
- popcorn
- meats

- raisins, dried fruits
- ice cream, milkshakes
- sweetened juice and canned fruits
- flavoured yogurt
- chocolate milk
- puddings
- popsicles/fudgsicles/revelos
- sugar lumps
- cake
- candy
- jam
- chocolate bars
- cookies
- jelly, jam, honey
- soft drinks (sweetened)
- fruit drinks
- sweetened powdered drink mixes
- gum
- lozenges

* Teeth should always be brushed after eating sticky food.

TOOTHBRUSHING - REMOVAL OF PLAQUE

How to Brush

Toothbrushing disrupts and removes plaque from the inner, outer and top surfaces of the teeth.

Place the toothbrush inside the mouth with the bristles along the upper last two teeth pointing at a 45º angle toward the gum line. This ensures that the bristles cover both teeth and gum surfaces.

Vibrate the brush in a slight back and forth or circular motion directing gentle pressure towards the gums. This movement keeps the brush alongside the same two teeth and allows some of the bristles to clean the surfaces under the edge of the gums. Do not scrub!

Count to ten and then, move to the next group of teeth.

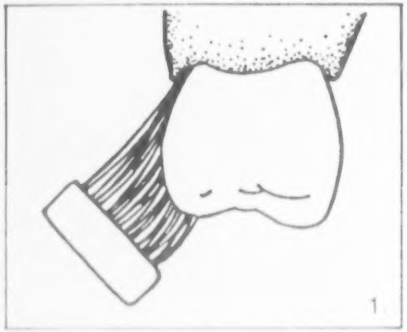
All inside and outside surfaces of teeth are cleaned in this way. The top surfaces of the back teeth are cleaned with a back and forth motion, the bristles directly on top of the teeth.

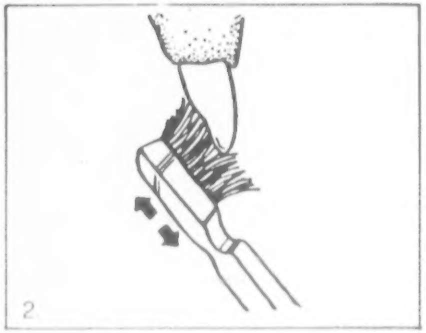
To ensure all surfaces are brushed, the same circuit is followed every time.

This is where toothbrushing should begin.

1. Position of brush for brushing upper inside back teeth.
2. Position of brush for brushing outside upper front teeth.
3. Position of brush for brushing lower inside back teeth.
4. Position of brush for brushing lower outside middle teeth.
5. Position of brush showing brushing of lower outside front teeth.
6. Position of brush showing brushing of top surface of back teeth.

From: CDA, "Do It Yourself Oral Hygiene", 1981


1.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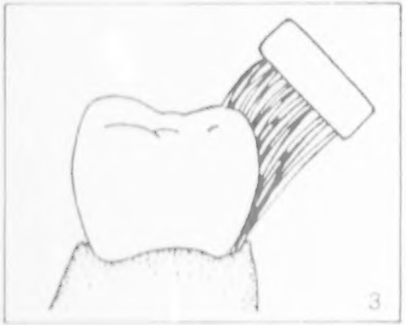
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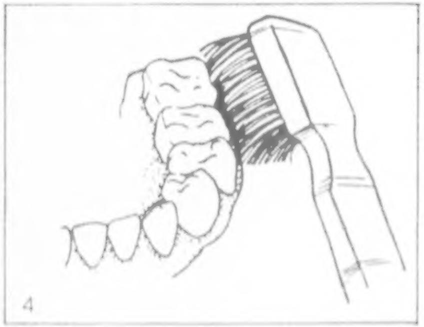
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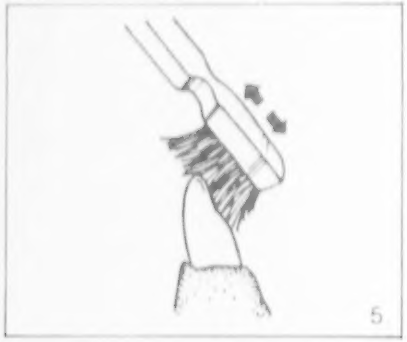
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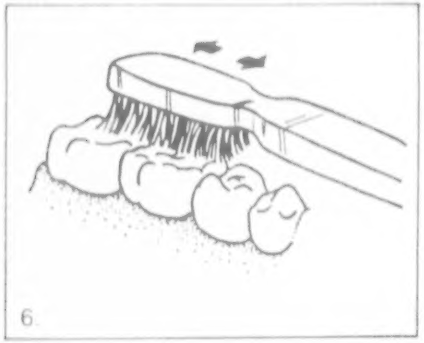

6.

A BASIC TECHNIQUE FOR DAILY PLAQUE REMOVAL

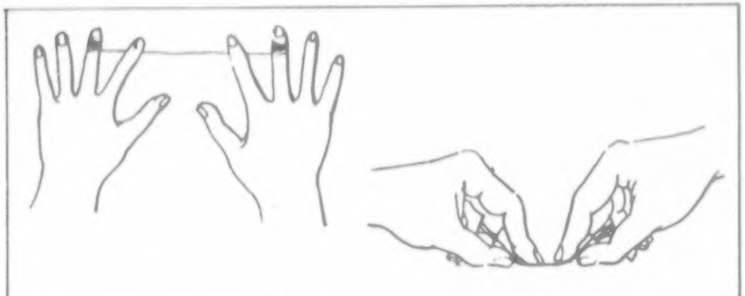
Flossing - Removal of Plaque

How to Floss

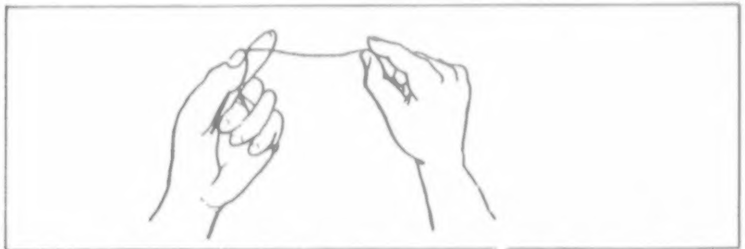
Flossing disrupts and removes plaque between the teeth and under the edges of the gums.

To floss properly, use about 46 cm of dental floss. Wind most of the floss around the middle finger of one hand and the rest around the middle finger of the other hand. This leaves about 8 cm free.

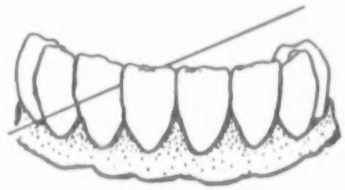
The free part of the floss is grasped with the thumbs and 1st fingers of each hand leaving about 2.5 cm as the 'working portion' of the floss.



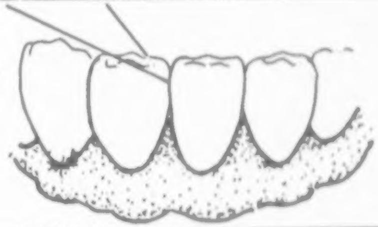
When flossing lower teeth the floss is guided mainly by the 1st finger of each hand.



For upper teeth exert pressure with the thumb of one hand and the fore-finger of the other hand.

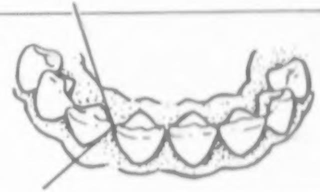


A gentle sawing motion is used to insert the floss between teeth. Curve the floss into a C-shape around the surface of one tooth and gently work the floss under the gums until a slight resistance is felt.

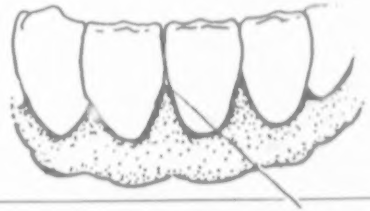


Holding the floss against the tooth in a C-shape, move the floss up and down several times.

Clearly shows the "c" shape that is necessary to attain



(When all the plaque has been removed, the floss rubbing against the tooth often makes a 'squeaky-clean' sound.)



Repeat the procedure on the adjacent tooth surface at the same site.

This method is repeated on the remaining teeth starting on the upper right teeth and ending on the lower left teeth.

From CDA, "Do It Yourself Oral Hygiene", 1981

GRADE 2

FAMILY LIFE

THE FAMILY LIFE UNIT

INVOLVEMENT OF PARENTS

Parents are the primary educators of their children on family life education. Schools should play a supporting role to supplement parental education.

Generally, most parents support family life education in school. However, they may have a number of questions about the program before they will give that support. For that reason, it is vital for schools to involve parents in discussing the unit, before using the materials.

Parents must be given an opportunity to find out what will be taught in the lessons, to meet the teachers (and other resource people) who will be delivering the program, and to ask questions. This can be done most effectively by holding a parent information session.

This should include:

- the principal of the school
- teachers who will be teaching the lessons
- any resource people, such as the community health nurse, who might be involved with the lessons.

Most parents attending the meeting want to find out about the content, objectives and methods used in the unit. Basic information during the session should include:

- a brief outline of the program
- a sample of some of the activities in which students will participate
- sample handouts
- copies of any activities in which parents will participate during the evening
- translation of goals, etc., as necessary
- viewing of any films which may be used

It is important to emphasize that the purpose of the Family Life Unit is to support, and not to replace, the parent or family role and responsibility. The parent information session is one important way for teachers to show that they want and welcome parental support, involvement and concern.

Parent meetings are often a good opportunity to initiate ongoing parenting groups. Parents may decide to meet regularly during the year to discuss topics related to Family Life or other health programs going on in the school. The G.N.W.T. Family Life Education Consultants may be able to assist in the development of parent groups.

Following the meeting, parents will be able to decide whether they want their children to be involved in the lessons.

PARENTS, WHO DO NOT WISH THEIR CHILD(REN) TO PARTICIPATE IN THE LESSONS, MAY INDICATE TO THE SCHOOL THAT THEY WILL BE WITHDRAWING THEIR CHILD(REN) FROM THIS PARTICULAR UNIT. PARENTS MUST MAKE THE FINAL DECISION.

Schools must make alternative arrangements for students who are withdrawn from these classes.

In order to withdraw their child(ren) from the classes, parents must sign a withdrawal form (see sample).

FAMILY LIFE CLASSES

NAME: ______________________________.

GRADE: ______________________________.

I do not wish __________________________ to participate in the Family Life classes which will be offered by the school in the near future.

____
Parent/Guardian signature

____
Date

Because of the need to foster a positive classroom atmosphere, teachers need to take time to get to know their students before teaching the Family Life unit. For that reason, teachers should teach the Mental and Emotional Well-Being and the Growth and Development units first. Many of the skills which students will be developing in the Mental and Emotional Well-Being unit, such as decision-making skills, communication skills, relationship-building and coping skills, will assist in the development of an atmosphere conducive to effective family life education.

FAMILY LIFE

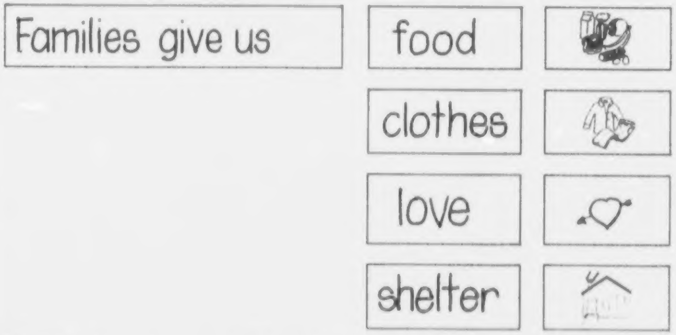
GRADE: 2 LESSON: 1 THEME: FAMILIES

CONCEPT: FAMILIES PROVIDE FOR THE PHYSICAL, EMOTIONAL AND SOCIAL NEEDS OF THEIR MEMBERS

PREPARATION:
1. Collect a number of props/pictures. Include some things which are essential to stay alive, some which are not
2. Pocket chart and sentence strips
3. Collect a number of pictures of things which families provide
4. Magazines and art materials for collage

VOCABULARY: stay alive, shelter, provide, basic needs

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	The next two lessons relate to Social Studies, Grade 1, Topic B: I Live With My Family. Most students will have already learned this concept and its related objective. If they have, it is sufficient to review the material in this lesson. If they have not, teach the whole lesson.
i) identify the basic needs provided for in a family	1. Identify what people need to stay alive.	Show students a number of props and/or pictures. Some should be things which people need to stay alive; others are things which are not essential. Have students identify those things that are essential to stay alive. Essentials should include:

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		- food - clothing - shelter - love (Teachers may need to help students identify this.) Non essentials can include: - toys - T.V.
	2. Identify that families provide for these basic needs.	Have students list the basic needs that families provide. Use a pocket chart and the sentence pattern as illustrated. 
	3. Identify the three categories of basic needs.	Explain to students that the things on the list are only some of the things families give us. The things families give us fit into three categories. Make an experience chart like the one illustrated. Have students try to think of other things to add to the chart.

things our bodies need	love and care	doing things together
food clothes shelter	love care	learning someone to talk to someone to listen fun together

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	4. Categorize some of the things which families provide.	Show students a number of pictures of things which families provide. Let them decide which category on the experience chart each picture fits. Have students attach the pictures to the right column on the chart.
	5. Make a class collage of basic needs which the family provides.	Divide the class into three groups. Each group cuts out magazine pictures or makes drawings appropriate for one of the categories from the chart. Make the pictures into a mural with three sections, each one illustrating one category. Discuss the pictures with each group and the mural with the class using the sentence pattern: Families give us ____________________.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	6. Roleplay ways to provide some of these needs for family members.	In the house centre, provide appropriate props to allow students to act out providing for these basic needs.

FAMILY LIFE

GRADE: 2 LESSON: 2 THEME: FAMILIES

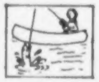
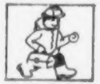
CONCEPT: MEMBERS SHARE IN THE MAINTENANCE OF THE FAMILY UNIT

PREPARATION:
1. Collect a variety of household items that illustrate household tasks, e.g., broom
2. Pocket Chart and sentence strips
3. "Just For You" book by Mercer Mayer
4. Art materials for making Big Book

VOCABULARY: tasks (jobs), share, responsibility

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify their tasks within the family	Students: 1. Identify their tasks within the family.	Show students a variety of common household items that illustrate household tasks. Items may include: - broom - pot - fishing line - dishtowel - garbage bag - laundry detergent - axe - hammer - needle and thread

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Make a list of tasks which students perform at home using a pocket chart and the sentence pattern as illustrated. I help my family by washing the dishes
	2. Roleplay a task for which they are responsible.	Have students roleplay a task for which they are responsible. Have other students guess what the task is.
	3. Play the game "I Help My Family By ....."	Have students sit in a circle. The first student says: "I help my family by washing the dishes." The second student repeats what the first student said and adds something else: "I help my family by washing the dishes and taking out the garbage." Continue until all students have had a turn. (Divide students into two or three groups if they have trouble remembering a number of tasks.)
	4. Listen to the story "Just For You."	Read the story "Just For You" by Mercer Mayer. Have students share some of their own experiences trying to do a task which was too difficult for them.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) identify tasks other people are responsible for within the family	5. Identify tasks for which other family members are responsible.	Discuss with students what tasks other members of their families have to do. Make a list for each family member on an experience chart, using the sentence pattern as illustrated: My father helps my family by catching fish  going to work 
	6. Roleplay a task for which another family member is responsible.	Have students roleplay a task for which another family member is responsible. Have other students guess what the task is.
	7. Make a Big Book "Family Jobs."	Have each student choose one family member and on a large sheet of paper make a drawing of that person doing a task for which s/he is responsible. Students can use the sentence pattern from the experience charts to describe what the person is doing. Make the drawings into a Big Book for the classroom library.

FAMILY LIFE

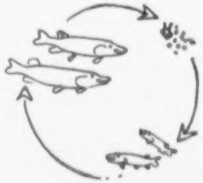
GRADE: 2 LESSON: 3 THEME: HUMAN DEVELOPMENT AND REPRODUCTION

CONCEPT: ALL LIVING THINGS REPRODUCE AND GROW

PREPARATION:
1. A doll or picture of a baby
2. Pictures of different eggs (Activity Sheets FL13A,B,C,D)
3. Prepare a class set of "Mothers and Eggs" worksheet (Activity Sheet FL14)
4. Materials for drawings

VOCABULARY: egg, mother, fish, puppies, baby, calves, lifecycle

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	This lesson relates to Science, Grade 1, Topic: Living and Non-Living Objects, and Grade 2, Topic: Properties of Living Objects. The Language Development/Science units on animals, birds and fish teach related concepts.
i) identify that a baby grows from an egg	1. Discuss where babies come from.	Use a doll or a picture of a baby. Ask students where babies come from. Then ask where other baby animals come from. Include: - puppies - chickens (or other familiar birds) - caribou calves - baby fish, etc.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Identify that babies (animal or human) grow from an egg.	Refer to Activity Sheets FL13A,B,C,D. Show students the pictures of different eggs. Talk about what grows from each kind of egg. Emphasize that eggs are very small at first. A human egg is the size of a pin head, but then it grows. Use the sentence pattern: A baby _________ grows from an egg.
ii) identify that some eggs grow inside the mother, some grow outside	3. Draw a simple lifecycle for different animals.	Draw a simple lifecycle on the blackboard for students. Discuss it. Then have students each choose one animal and make a lifecycle for that animal. 
	4. Identify eggs that they can see growing and changing from those they cannot see.	Ask students what kind of eggs they have seen. Where did they see them? Discuss their experiences. Ask if anyone has ever seen a human egg or a caribou egg. Lead students to understand there are some eggs they can see growing and some they cannot. Make an experience chart as illustrated.

OBJECTIVES | STUDENT ACTIVITIES | TEACHER NOTES

Eggs you can see	Eggs you can't see
fish	human baby
hen	dogs
gull	caribou

5. Match eggs to appropriate mother.

Refer to Activity Sheet FL14.

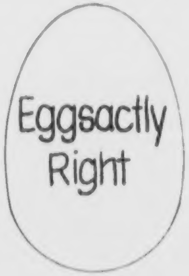
Give each student a copy of the worksheet and have them draw a line to match the egg(s) to the appropriate mother.

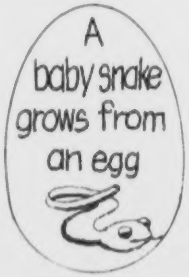
6. Make a class book of "Eggsactly Right."

Have each student choose a different animal. They should draw a picture of the animal and write under the picture:

A baby ________ grows from an egg.

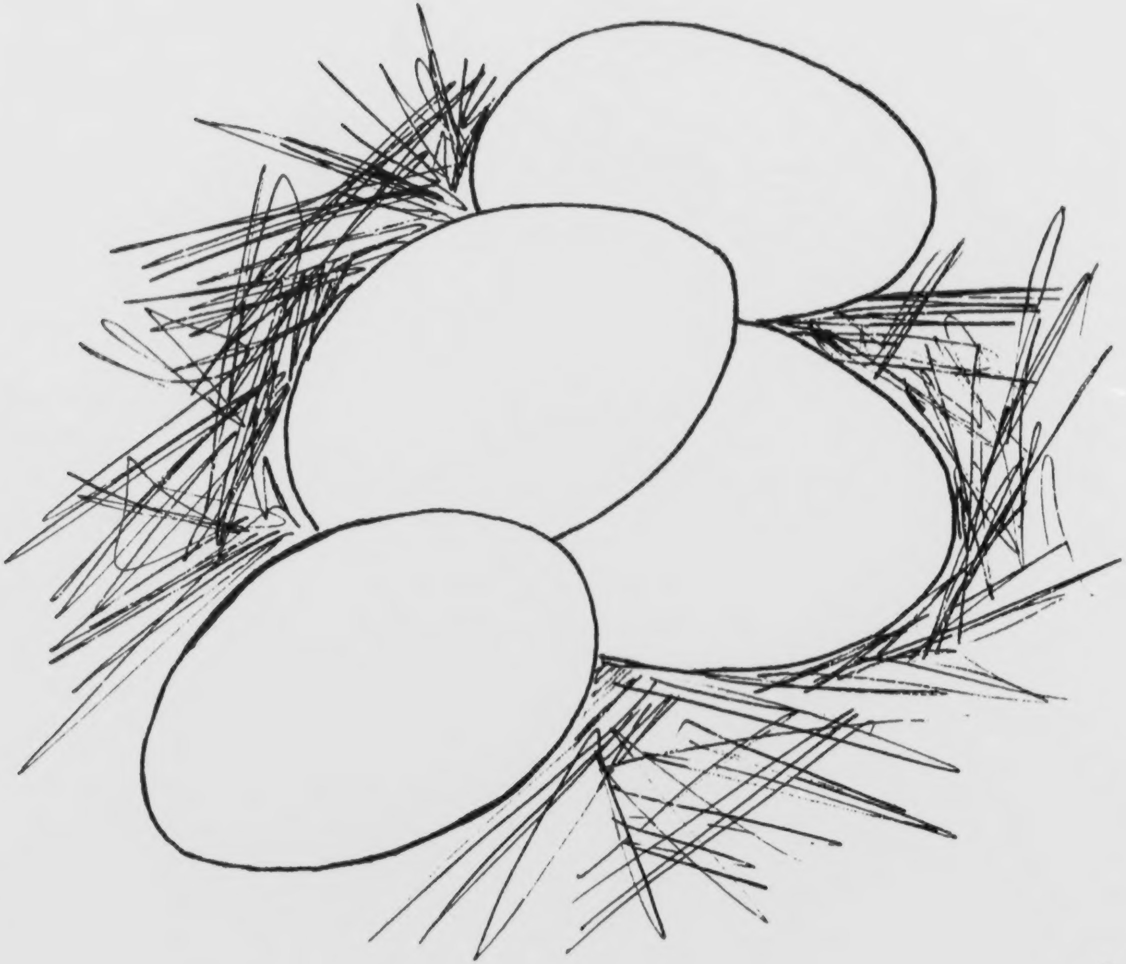
Make all the pictures into a class book.



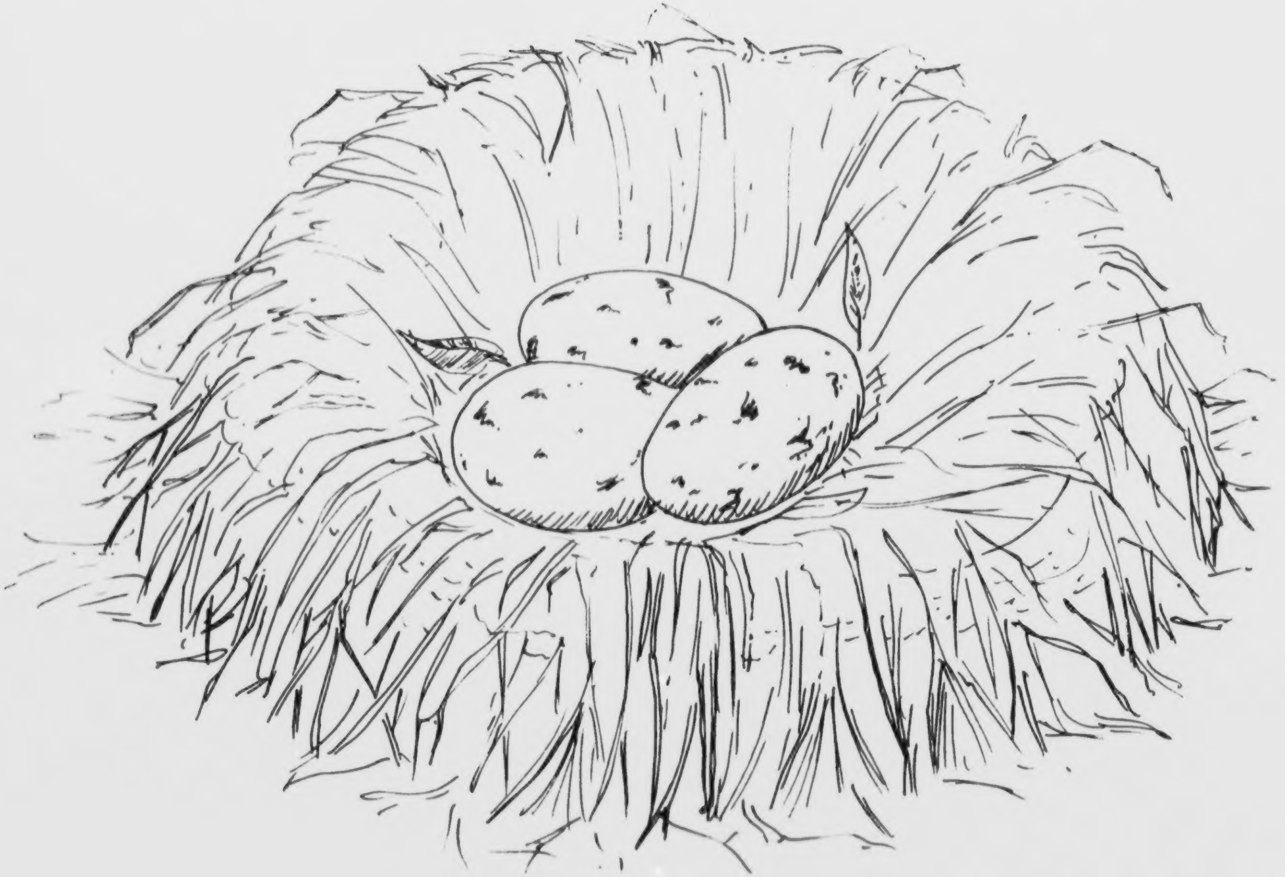


FL13A

CHICKEN EGGS

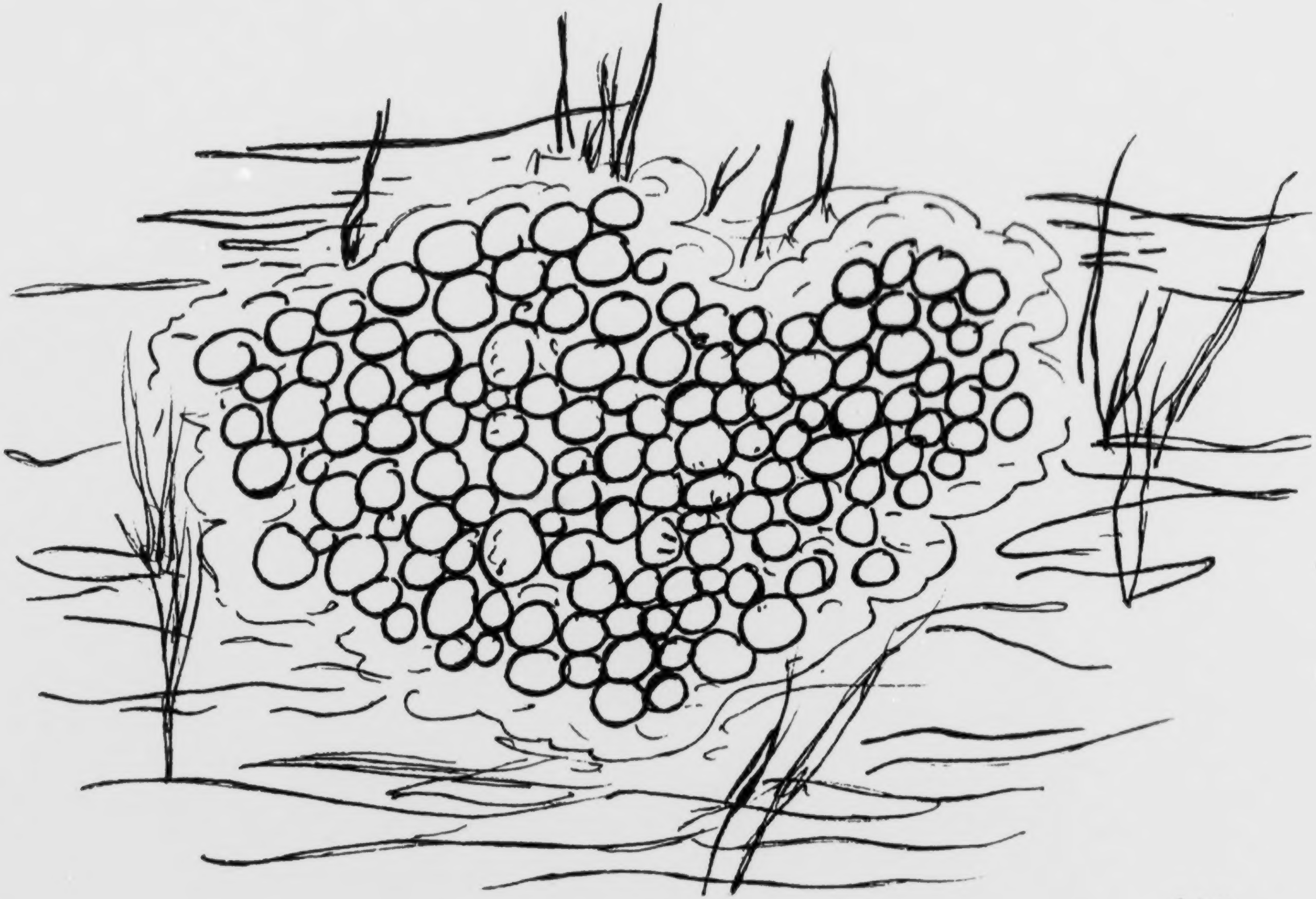


GULL EGGS

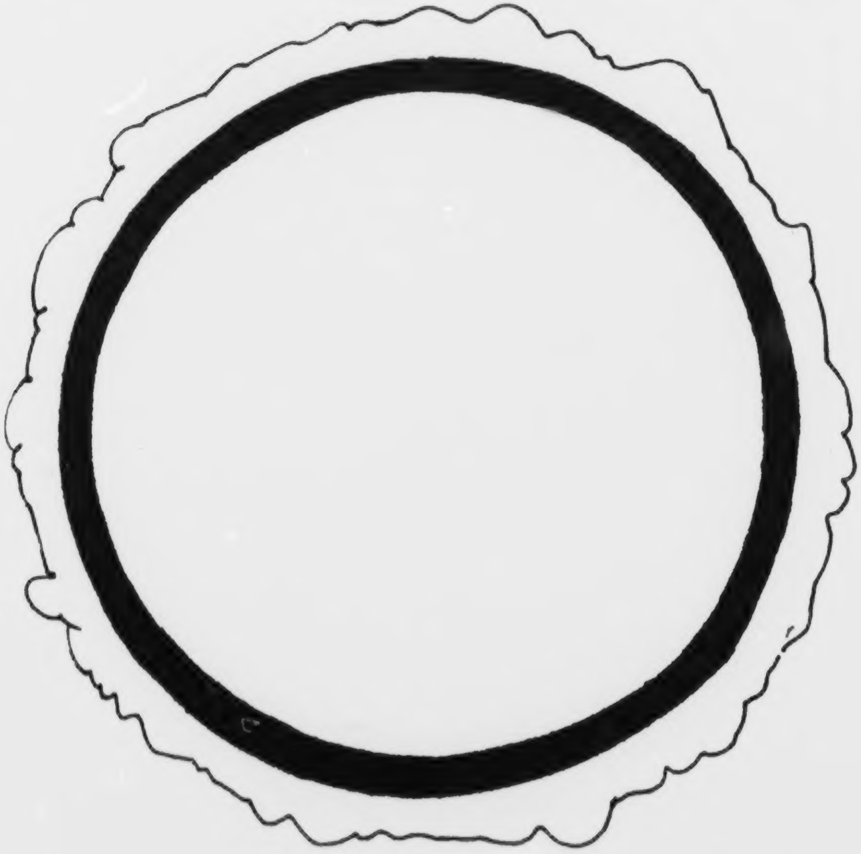


FL13C

FISH EGGS



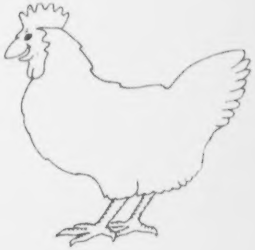
HUMAN EGG

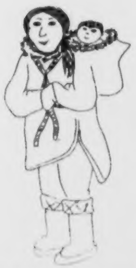


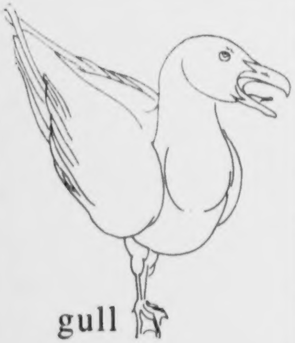
FL14

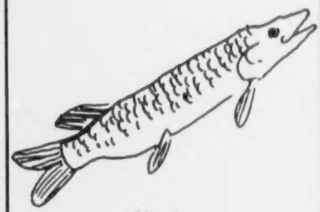
MOTHERS AND EGGS

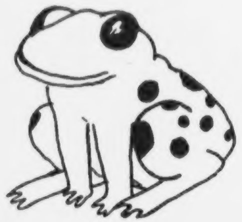
Draw a line to show which egg belongs to which mother.

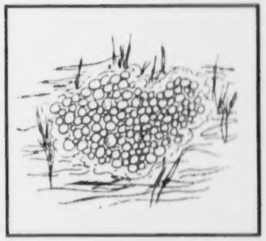

hen

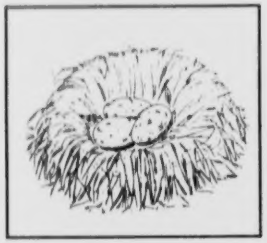

human mother

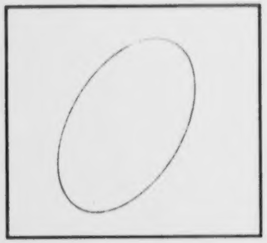

gull

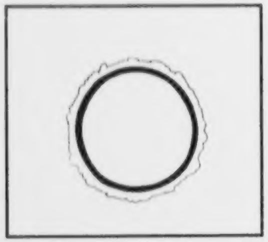

fish

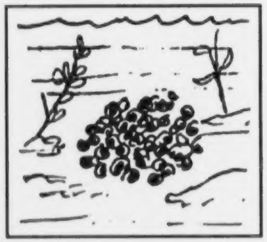

frog











FAMILY LIFE

GRADE: 2 LESSON: 4 THEME: ABUSE PREVENTION

CONCEPT: PERSONAL SAFETY BEHAVIOURS HELP PROTECT PEOPLE FROM POTENTIALLY ABUSIVE SITUATIONS

PREPARATION:
1. Puppet outlines and dialogue (Activity Sheets FL15A, 15B, 15C)
2. Scenarios sheet and a class set of happy and sad faces (Activity Sheets FL16A, 16B)
3. Art materials to make posters

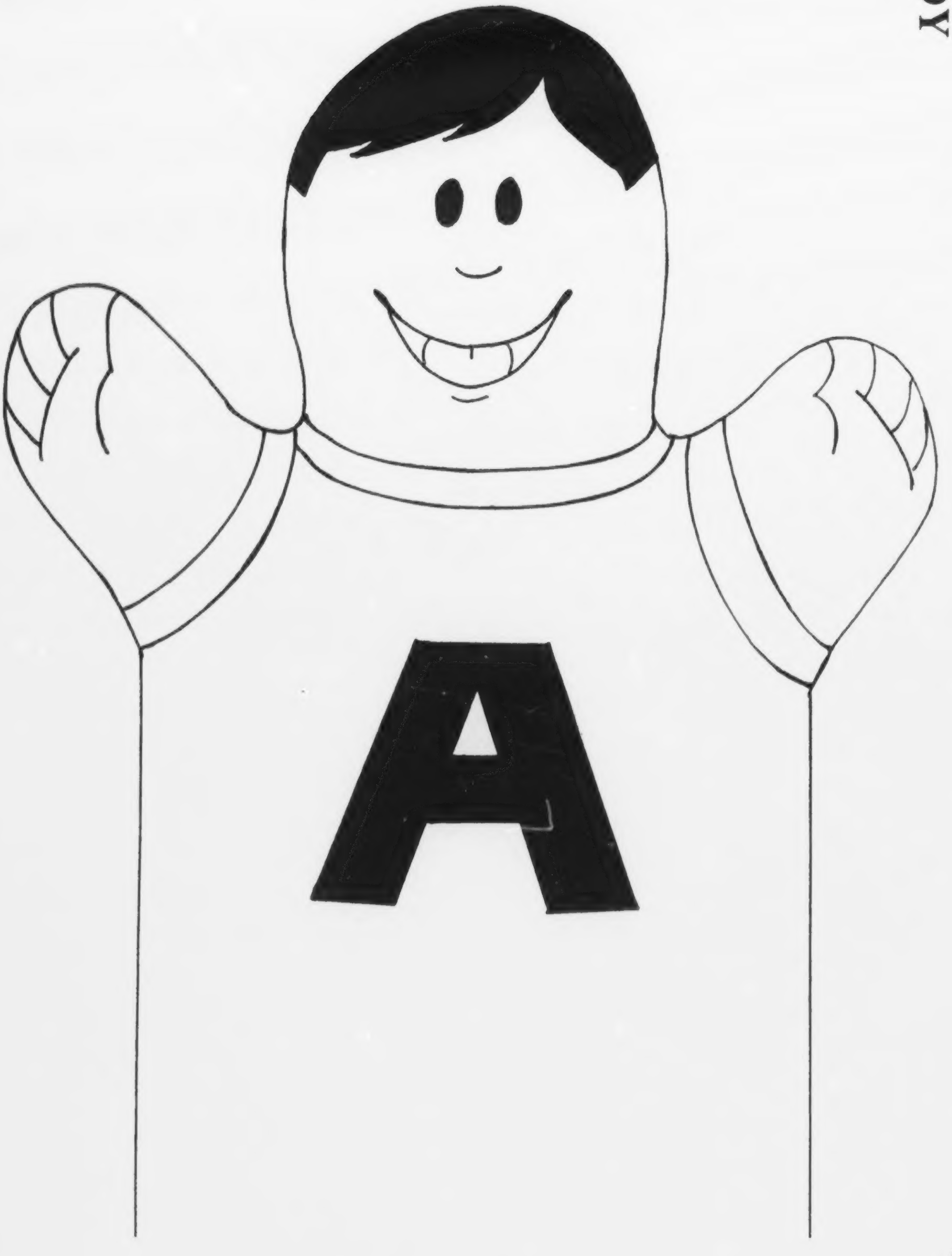
VOCABULARY: feelings, rules, safe, private parts

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	
i) identify potentially abusive situations	1. Review "no" feelings related to touch.	This is a review of Grade 1, Lesson 5. Refer to Activity Sheets FL15A, 15B, 15C. Ask students to identify the kinds of touches which give them "no" feelings. (Use the puppets and the dialogue.) Touches may include: - hitting - slapping - kicking - pushing - touching "private parts"

<table>
<tr><th>OBJECTIVES</th><th>STUDENT ACTIVITIES</th><th>TEACHER NOTES</th></tr>
<tr><td></td><td></td><td>Emphasize that touches which sometimes give "yes" feelings may also give "no" feelings, e.g., a kiss from someone you don't know.</td></tr>
<tr><td></td><td>2. Identify situations which give "no" feelings.</td><td>Refer to Activity Sheets FL16A, 16B.
Use the scenarios to identify situations which may produce "no" feelings. Read the scenarios to the students. Give students a happy and a sad face. Ask them to identify how they feel by holding up a happy or a sad face.</td></tr>
<tr><td>ii) describe behaviours which help protect them from potentially abusive situations</td><td>3. Describe personal safety rules to follow for situations which give "no" feelings.</td><td>Make an experience chart with students which describes possible situations and what they should do in each. The rules should include:
- stop and think
- say "No"
- go to a safe place
- tell an adult you trust
<table>
<tr><th>Situation</th><th>Feeling</th><th>Rules</th></tr>
<tr><td>• someone threatens you</td><td>No</td><td>• say no
• go to a safe place
• tell</td></tr>
<tr><td>• a neighbour invites you in</td><td>?</td><td>• Stop and think</td></tr>
<tr><td>• someone is following you</td><td>No</td><td>• go to a safe place
• tell</td></tr>
</table>
Review the chart with students using the sentence pattern:
When you have a "no" feeling, you should ___.</td></tr>
</table>

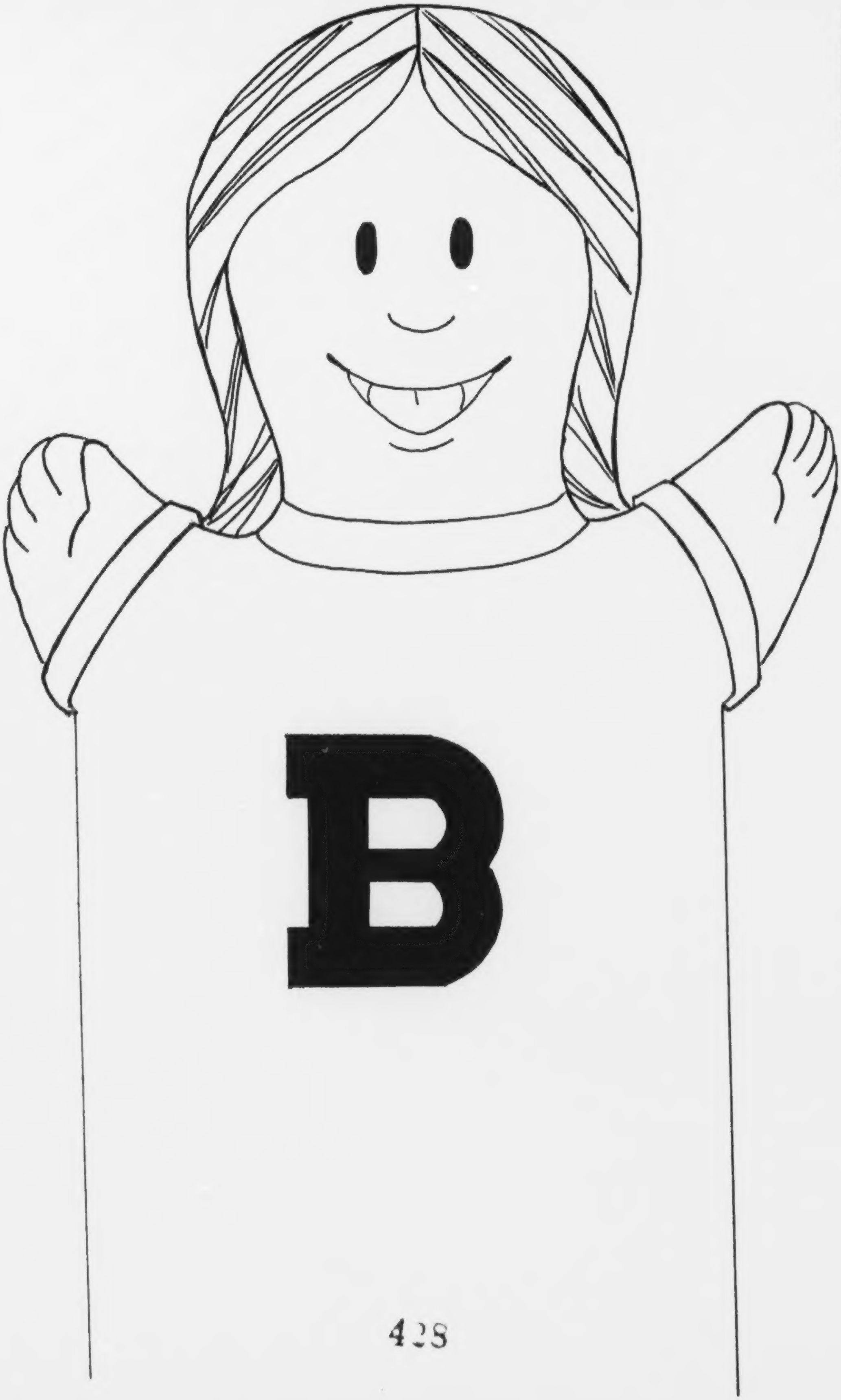
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
iii) demonstrate behaviours which help maintain personal safety	4. Practise using the personal safety rules.	Refer to Activity Sheet FL16A. Use the scenarios which are appropriate for the community. Have students practise what they would do in each situation
	5. Draw posters illustrating the personal safety rules to follow in situations which give "no" feelings.	Display the posters around the school.

ANDY



FL15A

BRENDA



FL15B

FL15C

ANDY AND BRENDA TALK ABOUT "NO" FEELING

Andy : Brenda, remember we talked to the boys and girls before about touching?

Brenda : I remember, about people hitting you and things like that.

Andy : That's right. Let's see if the boys and girls remember different kinds of touch. Tell us all the different kinds of touch you know.

{STUDENTS BRAINSTORM DIFFERENT KINDS OF TOUCH}

Brenda : Great! Now tell me which of these touches give you a "no" feeling.

{STUDENTS IDENTIFY TOUCHES WHICH GIVE "NO" FEELINGS}

Andy : These girls and boys remember really well! But do you think they remember about touches that give a "yes" feeling sometimes and a "no" feeling other times, Brenda?

Brenda : You know once the man next door to me kissed me. I didn't like it at all. I had a real "NO" feeling. But when my father kisses me, I have a "yes" feeling.

Andy : Mm! Sometimes it's because of who touches you and where they touch you.

Brenda : The boys and girls are going to learn more about this. Come on, Andy, let's watch them.

FL16A

SCENARIOS

1. An older girl tells you she will beat you up if you don't give her part of your chocolate bar.

2. You are walking home when it is dark. Someone is following you.

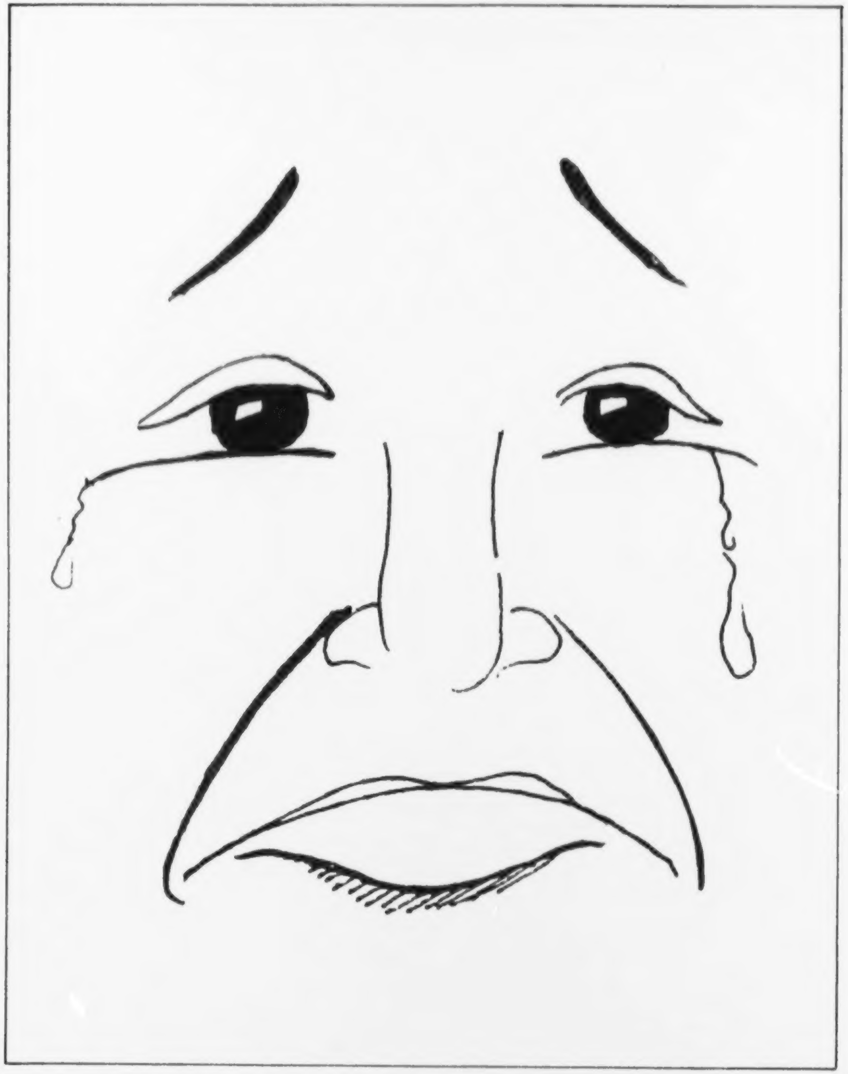
3. The man next door asks you to come into his house to see his new T.V.

4. A woman you don't know says she will buy you pop if you go with her.

5. A man in a truck grabs you and tries to get you to go with him.

6. A man touches you on your private parts. He tells you it is a secret and you must not tell anyone.

FL16B



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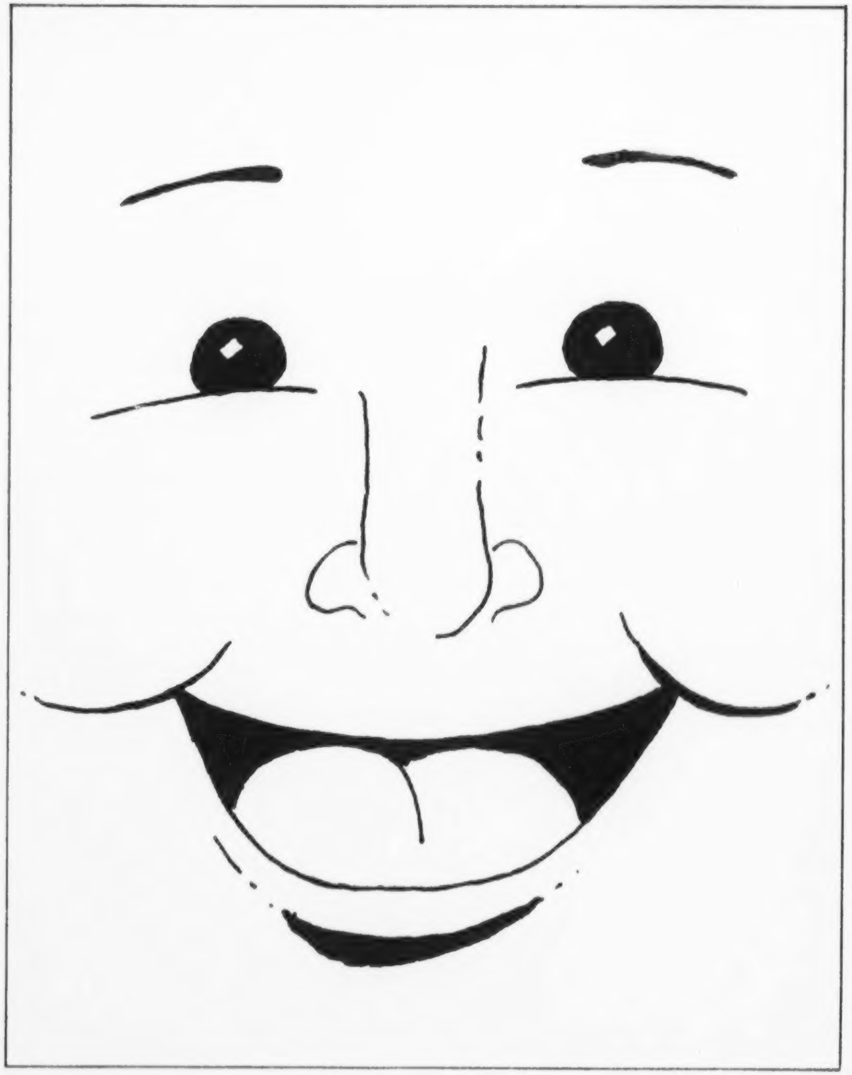

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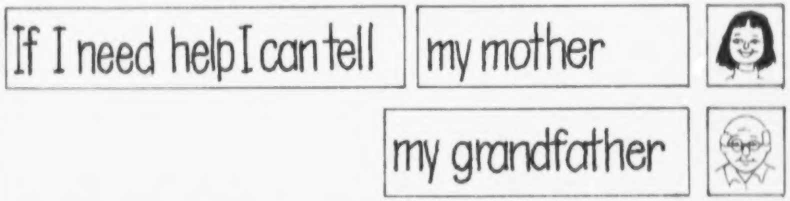
FAMILY LIFE

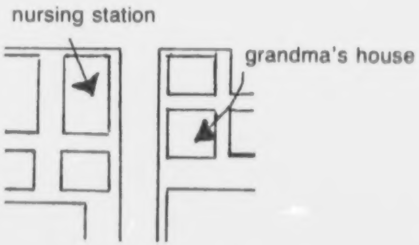
GRADE: 2 **LESSON:** 5 **THEME:** ABUSE PREVENTION

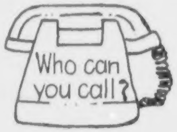
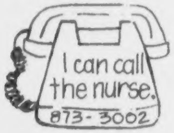
CONCEPT: PERSONAL SAFETY BEHAVIOURS MAY REQUIRE FAMILY AND COMMUNITY SUPPORT

PREPARATION:
1. Pocket chart and sentence strips
2. Community map
3. Prepare a class set of Block Parent symbol worksheet (Activity Sheet FL17)
4. Phone numbers for support people
5. Materials to make phone book

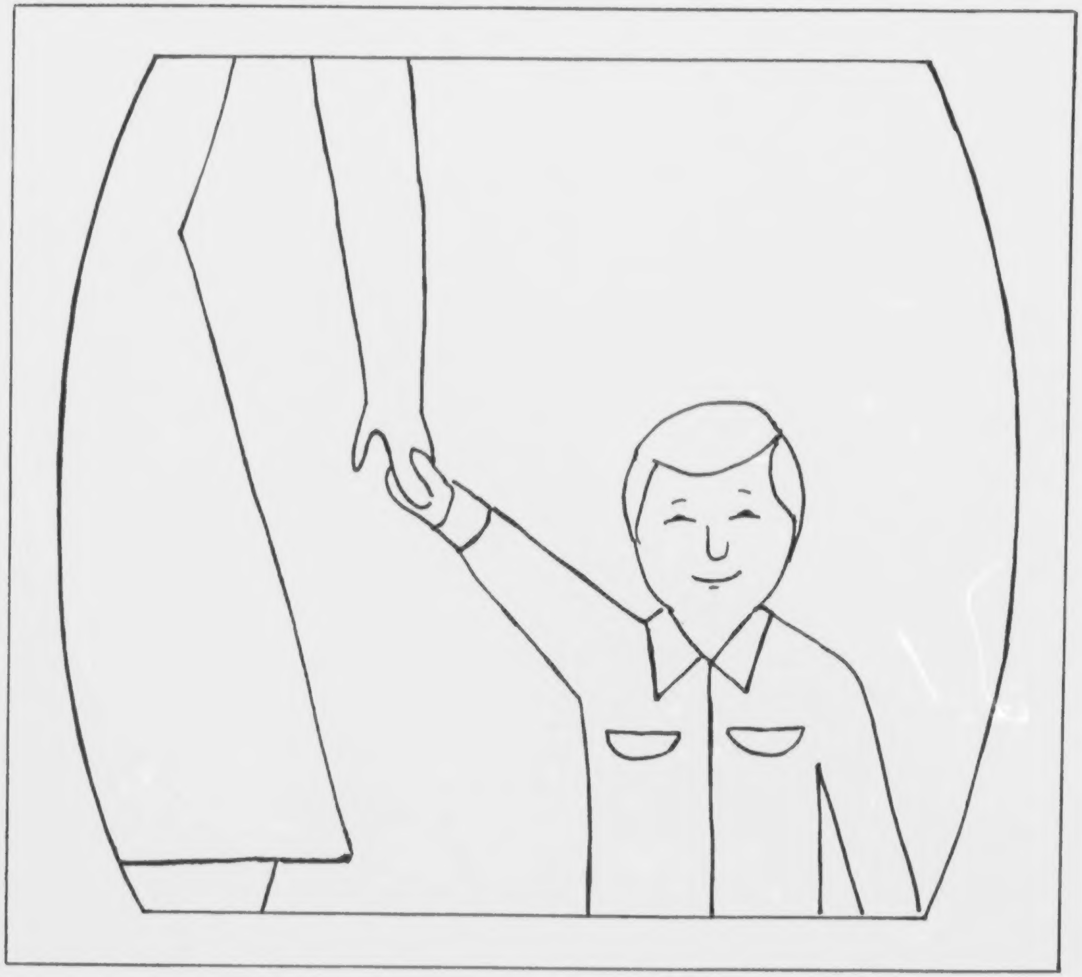
VOCABULARY: help, tell, call, phone

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) locate family and community support people	Students: 1. Review family and community support people.	This is a review of Grade 1, Lesson 6. Ask students who can help them if someone is doing something that gives them "no" feelings. Make a list using the pocket chart and sentence pattern as illustrated.  If I need help I can tell my mother my grandfather

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Family and community support people may include: - parents, grandparents, other relatives - close adult friends, elders - Block Parents, neighbours - teacher, nurse, doctor, R.C.M.P., clergy
	2. Locate family and community support people on a community map.	On a map of the community, indicate where students can find support people.  (This activity reinforces mapping skills.) Discuss each support person and their location using a pocket chart and the sentence pattern as illustrated. I can find | the nurse | at | the nursing station my mother | the house

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) identify how to contact family and community support people	3. Go for a community walk to locate family and community support people.	
	4. Tell how to contact family and community support people.	Discuss ways that students can contact support people: - going to where they are located - calling them on the phone
	5. Recognize the Block Parent symbol.	Refer to Activity Sheet FL17. Although not all communities have Block Parents, it is important that students recognize the symbol in those communities which do.
	6. Make a list of phone numbers of family and community support people.	Make a phone booklet in the shape of a phone with one page for each support person. Students identify the person and the appropriate telephone number.  Who can you call?  I can call the nurse. 873-3002
	7. Practise calling family and community support people.	In pairs, have students use toy phones to call a support person. They should: - state their name - state their address (if necessary) - describe the situation (i.e. someone is following me) - tell they have a "no" feeling - say "Will you help me?"

BLOCK PARENTS



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GRADE 2

TEACHER BACKGROUND INFORMATION

FAMILY LIFE

FAMILIES

Families play an important role in society by providing a loving, caring environment for their members.

In native societies, family ties are still very strong. Many people within a community are related to each other. Through the family, the traditions, values and language of the culture are transmitted from one generation to the next.

Because the family is such an important part of native life, it is extremely important for teachers to ensure the cultural relevance of these lessons for the children in their class. Each lesson should be adapted or altered as necessary to fit the local situation. In schools with native students, it is strongly recommended that native teachers, a classroom assistant, a parent or elders either teach the lessons or discuss with the students the concepts related to families in that context.

A nuclear family can be considered "a committed group of people that lives together in a home and provides love, care, nurture and support for its members." This definition will not fit the concept of a family for some groups, where the extended family is the common family unit. Teachers should select with local elders a suitable definition of a family in their local situation.

In present day society, family structures vary greatly in size and composition:

i) the nuclear family usually consists of mother, father and children

ii) the one parent family results from separation, divorce, death or choice

iii) the extended family includes most relatives, but particularly grandparents, aunts, uncles, cousins

iv) the adopted family accepts a person from another family into their family

v) the foster family looks after a child, on a temporary basis

vi) the blended family occurs when members of different families come together, e.g., through remarriage

ABUSE PREVENTION

The lessons in this grade do not deal specifically with sexual abuse, but they do serve as an introduction to the topic.

Students evaluate different touches by the positive or negative feelings they produce. Students may experience touches which make them feel comfortable, some which make them feel uncomfortable and some which make them confused. Confused feelings are generally created when they experience a touch which usually makes them feel comfortable, but in this particular situation or from this particular person, it produces uncomfortable feelings. For younger students, these are referred to as "yes" or "no" feelings.

Students are encouraged to develop their own family and community support systems so that, should they be at risk, they know who to approach and how to contact them.

Teachers must approach the topic of Abuse Prevention with sensitivity. They may have an abused child in the class. When teachers teach about abuse, they may be told about an abuse. To ensure they know the correct procedures to follow if they suspect child abuse, they should become familiar with the N.W.T. Department of Education 'Procedures for Reporting Suspected Child Abuse' (available in all schools).

Staff should also become familiarized with local support people in the community. Schools should advise agencies involved in the investigation and treatment of child abuse that they will be using materials on abuse prevention in the schools.

DEPARTMENT OF EDUCATION GUIDELINES FOR EDUCATION PERSONNEL REPORTING SUSPECTED CHILD ABUSE

Any person employed by the Department of Education, a Board of Education, or a Divisional Board of Education in the Northwest Territories who suspects child abuse shall:

1. Immediately report orally the details of the suspected abuse to the local or regional representative of the Department of Social Services.

2. Inform the principal of the school of the report.

3. Follow-up the oral report to the local or regional representative of the Department of Social Services, as soon as possible, with a written report to the Superintendent of Child Welfare in Yellowknife.

4. Upon receiving a report from an employee, the principal shall immediately inform the Regional Superintendent of Education that a report of suspected child abuse has been made.

5. Staff shall *not* contact the child's family or the suspected perpetrator or anyone else to inform or further investigate the circumstances of the suspected abuse. This is the responsibility of the Department of Social Services and the R.C.M.P.

6. Any information, oral or written, about child abuse cases is confidential. All written records or reports must be treated confidentially and should not be placed in the child's record or cumulative file. Information necessary in the conduct of the investigation or subsequent treatment of the child or the offender must be shared with the authorized agencies.

7. The above procedures will also be followed by adult educators with regard to children who are or, in the absence of evidence to the contrary, appear to be under the age of 18 years of age. However, adult educators are not required to inform the principal of the school.

Supt. of Child Welfare
Department of Social Services
Box 1320
Yellowknife, X1A 2L9
(403-873-7709)

GRADE TWO

SAFETY AND FIRST AID

SAFETY AND FIRST AID

GRADE 2 **LESSON: 1** **THEME: BURN PREVENTION**

CONCEPT: INJURIES FROM ELECTRICITY CAN BE PREVENTED BY FOLLOWING SAFETY RULES

PREPARATION:

1. Pictures cut from catalogues showing things which use, or are sources of electricity, as well as things which do not use electricity
2. Large and small lightning bolts cut from construction paper and several rolls of Scotch or masking tape
3. Rubber bands, aluminum pie plate and plastic garbage bag for Student Activity 4
4. Prepare a class set of Where Are The Dangers? (Activity Sheet SFA 12)
5. Prepare a class set of Hot Chocolate and Toast (Activity Sheets SFA 13A and 13B)

VOCABULARY: electricity, shock, frayed, socket, outlet, electrical appliances, lightning bolt, overloading, blow a fuse

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) give examples of electrical appliances and sources of electricity	Students: 1. Identify some electrical appliances and sources of electricity.	Background Information: Page SFA 50 Cut pictures from catalogues of things which do not use electricity and things which use, or are sources of, electricity. Give each student a lightning bolt cut from either yellow or orange construction paper. After ensuring that students understand the significance of the lightning bolt - i.e., that lightning is a flash of light caused by natural electricity in the sky - show each picture. If the picture being shown either uses or is a source of electricity, students hold up the lightning bolt. If not students keep the lightning bolt down. Pictures showing electricity could include: electric kettle T.V. frying pan video machine sockets projector electric heater toaster lamp curling iron outlets switches stove hot plate refrigerator hairdryer batteries light bulb washer dryer radio mixer power lines

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Find electrical sources and electrical appliances at school.	Divide students into small groups and assign each group to a specific area of the school. Give students several small lightning bolts made from construction paper and have them stick their lightning bolts beside the electrical sources or appliances in their area of the school. Ensure students do not do this without adult supervision.
ii) describe risky behaviours around electricity	3. Experience a minor electrical shock.	Have students shuffle their feet on a nylon or wool rug and then touch a metal object or a partner.
	4. Observe a demonstration of a minor electrical shock.	The following demonstration will produce a bigger shock than did Student Activity 3. Teachers might want to demonstrate and then ask if there are any volunteers to receive the shock. Stretch rubber bands across an aluminum pie pan. Lay a garbage bag flat on a table and rub it several times with a wool scarf or glove. With one hand lift the pan by the rubber bands and try not to touch the pie pan with your fingers. Pick up the bag with your fingers on a corner and bring the pan and bag together. Take the pan away from the bag and bring the pan up to your nose.
	5. Explain why they have to be careful around sources of electricity and electrical appliances.	The two preceding activities produced minor shocks, but electrical sources or appliances can cause bad shocks, burns, and even death.

OBJECTIVES | STUDENT ACTIVITIES | TEACHER NOTES

6. Discuss actions around sources of electricity that may result in injuries.

Record student responses using an experience chart as shown:

What you do	**What might happen?**
poking something into an outlet or socket	- shock - burn - death
pulling on the cord instead of the plug	- cord becomes loose where it connects to the plug - it may then cause shock, burn
letting an electric kettle boil dry	- fire - ruin kettle
using an electrical appliance with wet hands	- shock - burn - death
overloading an electrical outlet	- fire - blow a fuse - lose electricity

7. Identify electrical hazards.

Refer to Activity Sheet SFA 12.

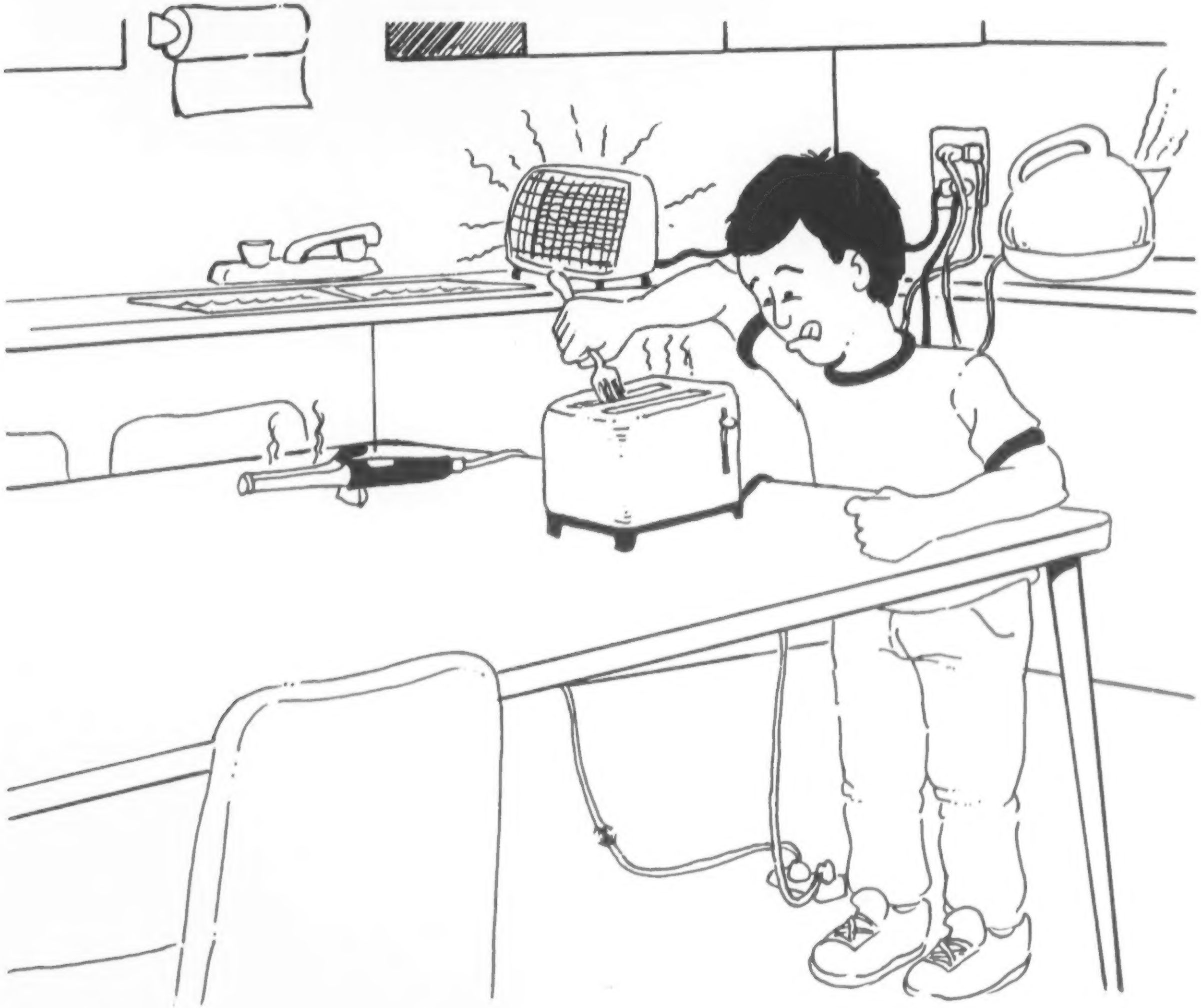
Have students put an X on the hazards. These are:

- overloaded outlet
- poking fork into toaster
- frayed electrical cord (under table)
- cords easy to trip over
- electrical heater beside sink full of water
- curling iron left plugged in, not in use
- kettle boiling, not in use

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	8. Listen to Hot Chocolate and Toast Story.	Refer to Activity Sheets SFA 13A and 13B. After listening to the story have students cut out the pictures and put them in order. Have students identify the risky behaviours. Change the story to make it safe.
iii) identify safety rules around electricity	9. State safety rules around electricity.	These may include: - Check with an adult before using electrical appliances. - Never leave an electrical appliance plugged in or turned on when it's not being used. - Always disconnect plugs from the socket by pulling the plug not the cord. - Always unplug an electrical appliance before cleaning it. - Never use electrical appliances when hands are wet.
	10. Learn the song It's The Safest Thing To Do.	Refer to Activity Sheet SFA 14. Add additional verses of your own.

WHERE ARE THE DANGERS?

SFA 12



HOT CHOCOLATE AND TOAST

SFA 13A

Mary and Sam decided to make hot chocolate and toast after school. Mary got the hot chocolate mix and mugs out, then plugged in the old kettle with the frayed cord. Sam put some bread in the toaster.

''Eyeee!'' Mary screamed as something painful zapped through her body. She finally dropped the kettle plug and yelled at Sam to help her.

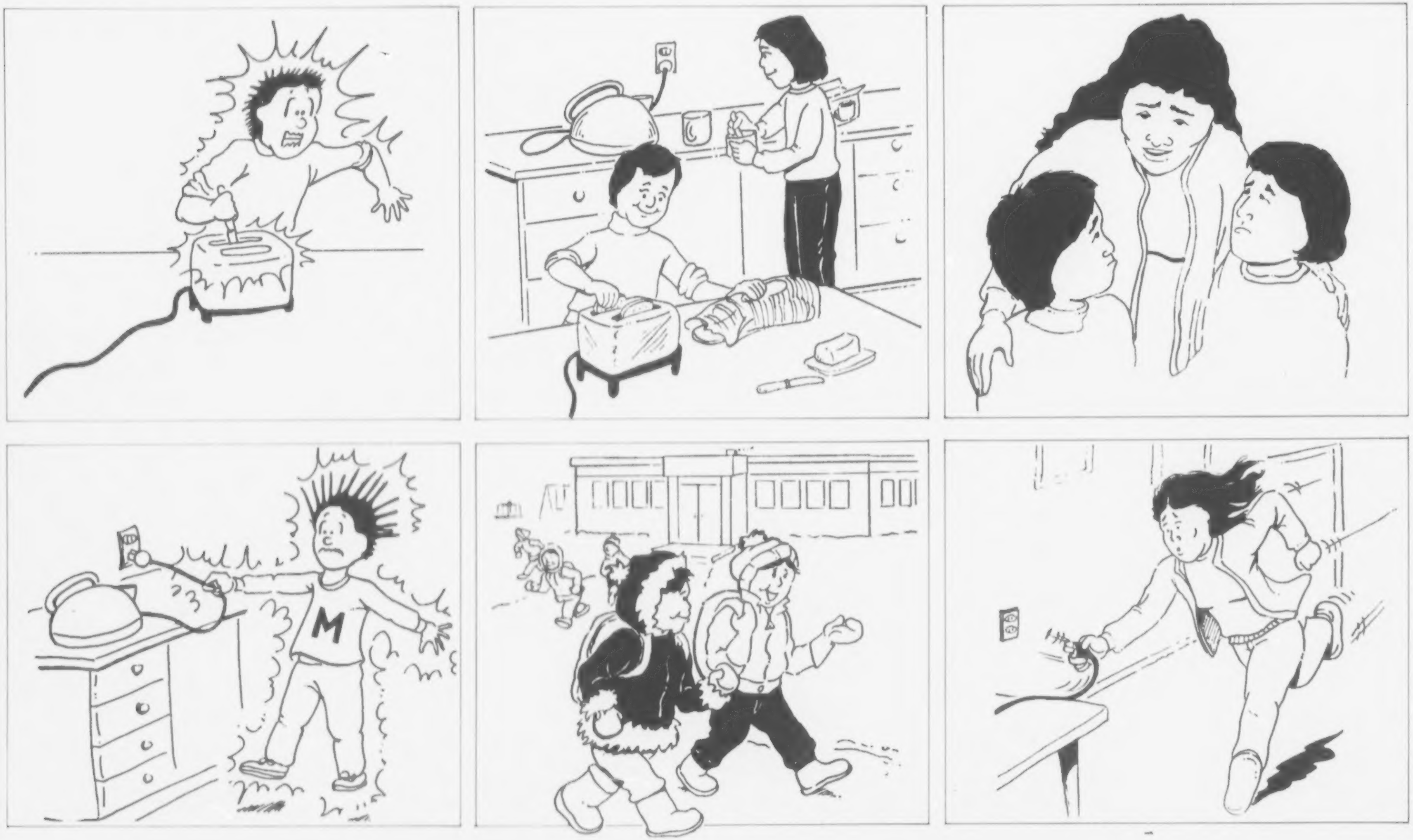
Sam couldn't come because he was having problems with the toaster. The bread was stuck and starting to burn. Sam picked up the knife and started to poke the toast loose with the knife. All of a sudden Sam's body started to jerk around doing a funny little dance.

Just then Mum ran into the kitchen. She saw what was happening and quickly pulled the plug on the toaster. Sam stopped jerking and crumpled to the floor.

Both Sam and Mary were crying and scared because they didn't know what happened to them. Mum was mad at Sam because he didn't follow the safety rules she had tried to teach them. She also knew that she should have bought a new cord for the kettle.

HOT CHOCOLATE AND TOAST

SFA 13B



IT'S THE SAFEST THING TO DO

An electric shock hurts a lot
An electric shock hurts a lot
An electric shock hurts a lot
Be safe, here's what to do.

Pull on the plug and not the cord
Pull on the plug and not the cord
Pull on the plug and not the cord
It's the safest thing to do.

Make sure that your hands are dry
Make sure that your hands are dry
Make sure that your hands are dry
It's the safest thing to do.

If you're not sure, then ask your mum
If you're not sure, then ask your mum
If you're not sure, then ask your mum
It's the safest thing to do.

(Tune: He's Got The Whole World)

- Helen Balanoff

SAFETY AND FIRST AID

GRADE 2 **LESSON: 2** **THEME: BICYCLE SAFETY**

CONCEPT: BICYCLE SAFETY INVOLVES OBEYING TRAFFIC LAWS AND BICYCLE RULES

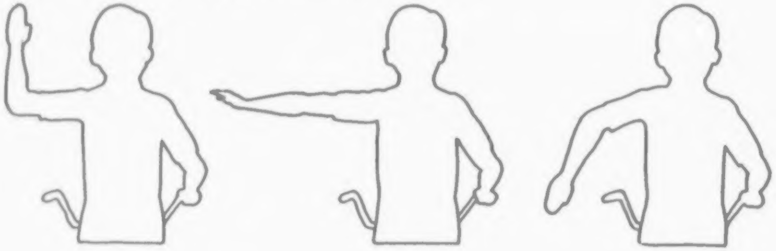
PREPARATION:

1. Arrange for student volunteers from a senior class to assist with Student Activity 5
2. Prior to class invite a police officer to discuss bicycle safety rules
3. Prepare a class set of Bicycle Safety Quiz (Activity Sheet SFA 15A - Teacher Answer Guide SFA 15B)

VOCABULARY: law, rules of the road, yield, intersection, signal, right hand side, single file, crosswalk

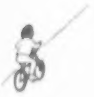
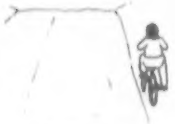
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page SFA 51
i) identify traffic signs and symbols important to cyclists	1. Describe signs and symbols that are important to a bicycle rider in the community.	Take students for a walk to identify various traffic signs in the community, and the meaning of each.
	2. Discuss laws that a bicycle rider must obey.	Explain that people driving bicycles, snowmobiles, cars or trucks all have to follow the same rules of the road (laws). Ask students to identify some rules using the sentence pattern: Bicycle riders have to ______________________

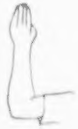
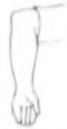
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Record responses on an experience chart as shown: - stay on the right hand side of the road - stop at all stop signs and red lights - slow down and stop if necessary at all yield signs - use signals if they are going to turn or stop - yield to people on foot - slow down at intersections with no signs - ride on the road, not the sidewalk - have a headlight on after dark

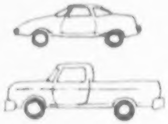
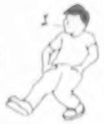
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) demonstrate correct hand signals for cyclists	3. Observe a demonstration of the three bikers' hand signals.	Demonstrate hand signals with back to class.  right turn left turn stop Back View Always use the left hand.
	4. Play Bikers' Simon Says.	Play Simon Says using the three bikers' hand signals. e.g., Simon says stop. Students must show slow/stop signal.
	5. Practise bikers' hand signals while riding their bicycles.	Ask a senior grade teacher for student vounteers to help with this activity. Set up a bicycle course in the playground or around the school. Students follow the course using correct hand signals at stop signs, yield signs, and when turning.
iii) identify bicycle safety rules	6. Discuss bicycle safety rules with a police officer.	Prior to class invite a police officer to discuss bicycle safety rules.
	7. Complete Bicycle Safety Quiz. Discuss.	Refer to Activity Sheet SFA 15A and Teacher Answer Guide SFA 15B. Read each question while students discuss and provide answer.

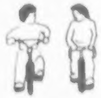
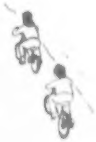
BIKE SAFETY QUIZ

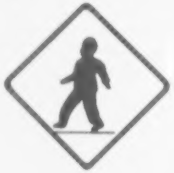
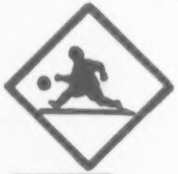
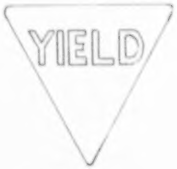
SFA 15A

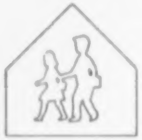
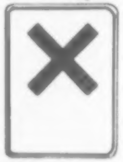
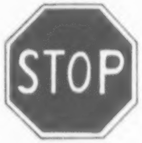
1) What side of the road do you ride your bike on? a)  b) 

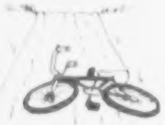
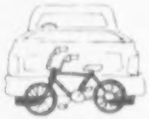
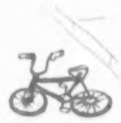
2) To turn right the hand signal looks like: a)  b) c) 

3) The law considers a bike to be the same as a a)  b) 

4) If you are riding with your friends you always ride a)  b) 

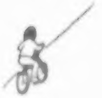
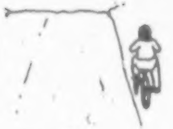
5) This sign means playground. a)  b)  c) 

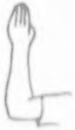
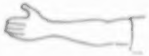
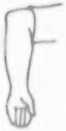
6) This sign means crosswalk. a)  b)  c) 

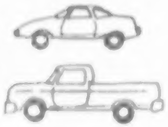
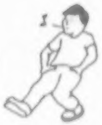
7) Never leave your bike a)  b)  c)  d) all

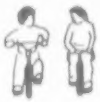
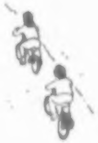
BIKE SAFETY QUIZ

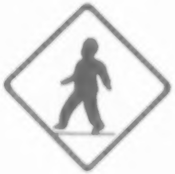
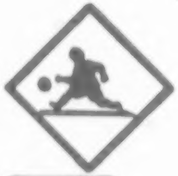
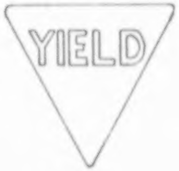
(Teacher Answer Guide)

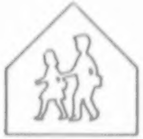
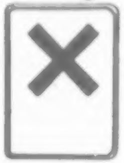
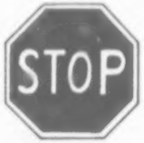
1) What side of the road do you ride your bike on? a)  [✓ b)] 

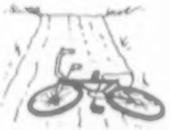
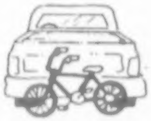
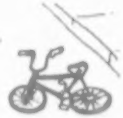
2) To turn right the hand signal looks like: [✓ a)]  b)  c) 

3) The law considers a bike to be the same as a [✓ a)]  b) 

4) If you are riding with your friends you always ride a)  [✓ b)] 

5) This sign means playground. a)  [✓ b)]  c) 

6) This sign means crosswalk. a)  [✓ b)]  c) 

7) Never leave your bike a)  b)  c)  [✓ d)] all

SAFETY AND FIRST AID

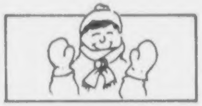
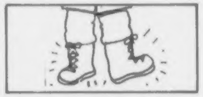
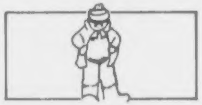
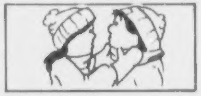
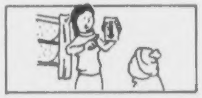
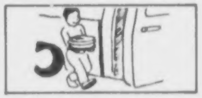
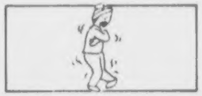
GRADE 2 LESSON: 3 THEME: OUTDOOR SAFETY

CONCEPT: FROSTBITE CAN BE PREVENTED BY APPLYING SAFETY RULES AND MINIMIZED BY FIRST AID

PREPARATION:
1. Prepare a class set of Dressing For Very Cold Days (Activity Sheets SFA 16A, 16B and 16C)
2. Bristol board
3. Samples of cold weather clothing
4. Pocket chart and sentence strips

VOCABULARY: frostbite, thaw

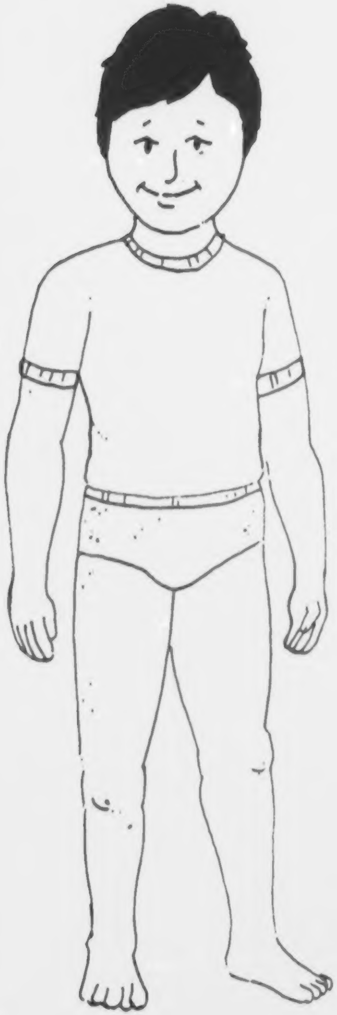
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page SFA 52
i) describe signs and symptoms of frostbite	1. Define the term frostbite.	Ask students if they would go outside without a hat and mitts if it were very cold and very windy. This should generate the response that they would not because they would freeze their ears, nose, fingers, etc. Explain that this freezing is called frostbite.
	2. Describe how frostbite looks and feels.	Many students will have had or seen frostbite. Ask them to describe it using the sentence pattern: When you have frostbite ____________________. - your skin looks white. - your skin is hard when you touch it. - you lose feeling at that spot.
	3. Name body parts usually affected by frostbite.	Body parts usually affected are ears, nose, cheeks, fingers and toes.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) identify safety rules that prevent frostbite	4. Discuss safety rules that prevent frostbite.	Use props and pictures to stimulate student responses. Record using a pocket chart as shown. In cold weather  wear a hat, mitts and scarf.  wear boots, not runners.  wear lots of layers of clothing.  play with a buddy. Check each other's faces.  ask an adult if it's warm enough to play outside.  take extra clothes if you drive out of town.  tight clothes are not warm.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	5. Dress a paper doll to prevent frostbite.	Refer to Activity Sheets SFA 16A, 16B and 16C. Have students make a doll by gluing one of the doll illustrations onto light weight cardboard, or bristol board, and then cutting out the doll. Then have students pretend they are the mother or father, cut out the clothes and dress the doll to prevent frostbite. Colour if desired. Use as part of the bulletin board display in Student Activity 7.
iii) describe first aid for frostbite	6. Demonstrate first aid for frostbite.	First aid for superficial frostbite is very simple. DO use body heat to thaw the frostbite. DO go to a warm place or put on extra clothes. DO NOT rub snow on frostbitten skin. Have students work with a partner to practise first aid on simulated frostbite. Fingers - Put hands under armpits Ears, Nose, Cheeks, Feet - Put hand on frostbite (skin to skin contact) Have extra mitts, scarves, hats and socks available so that students can add extra clothing, or move the victim to a warm place, after they have thawed the frostbite.
	7. Make a bulletin board display of cold weather clothing.	Include: hat, mitts, scarves, wool socks, neck warmer, long underwear, boots, kamiks, mukluks, wind pants, parka. Also display paper dolls from Student Activity 5.

DRESSING FOR VERY COLD DAYS

SFA 16A



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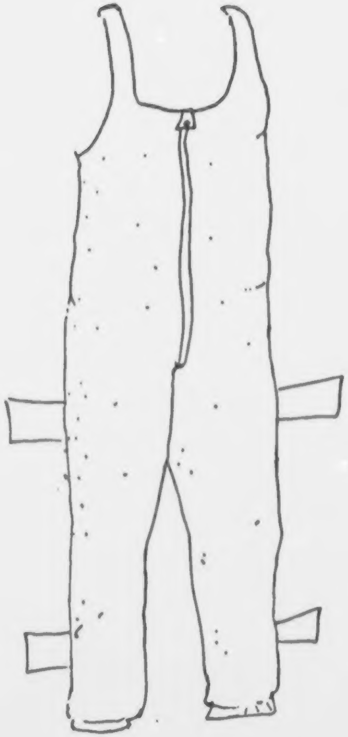

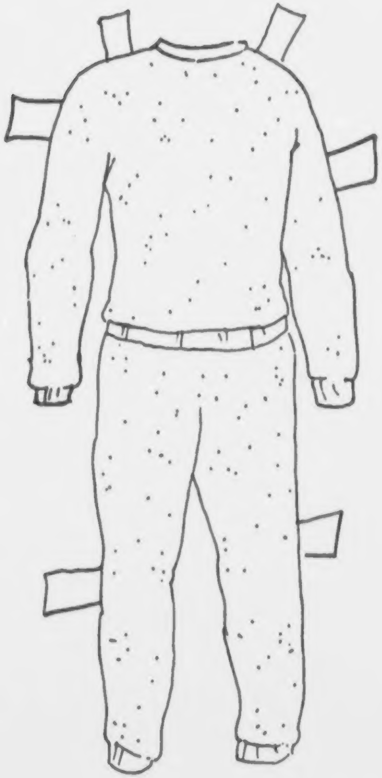

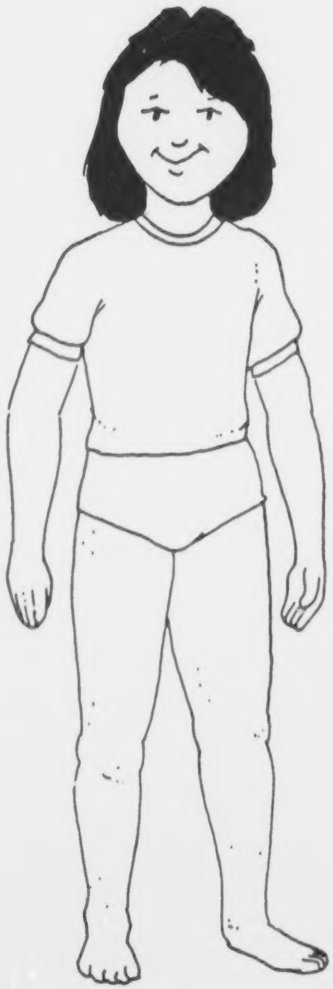

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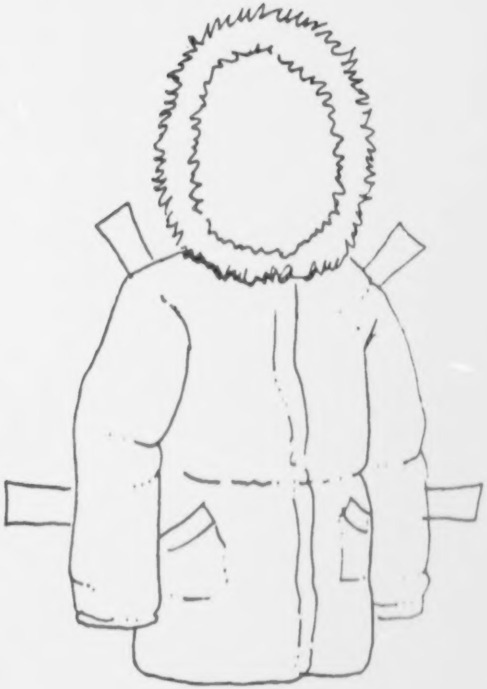
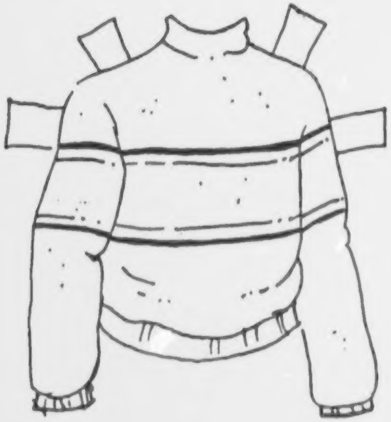
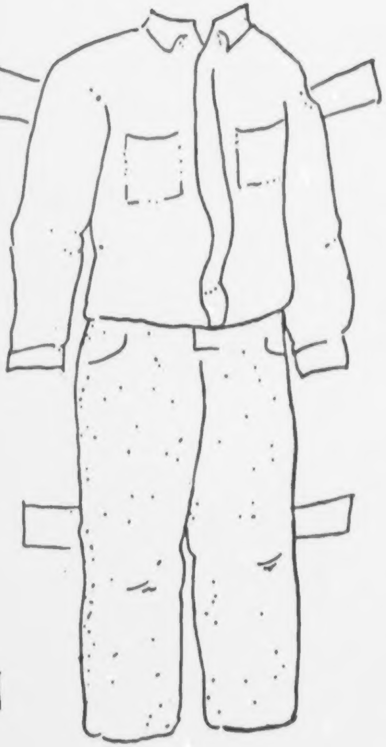
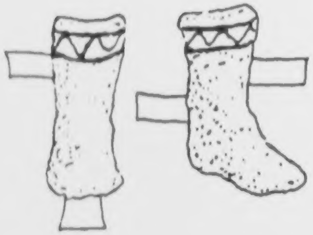
DRESSING FOR VERY COLD DAYS (cont'd)

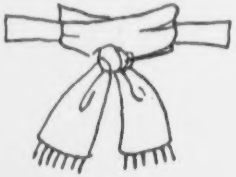
SFA 16B

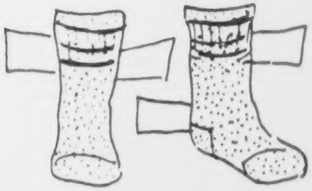


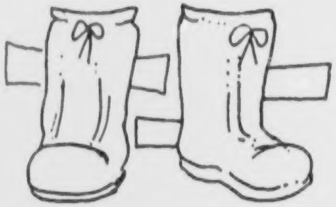


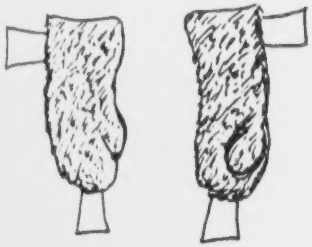






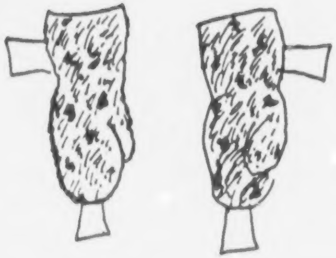


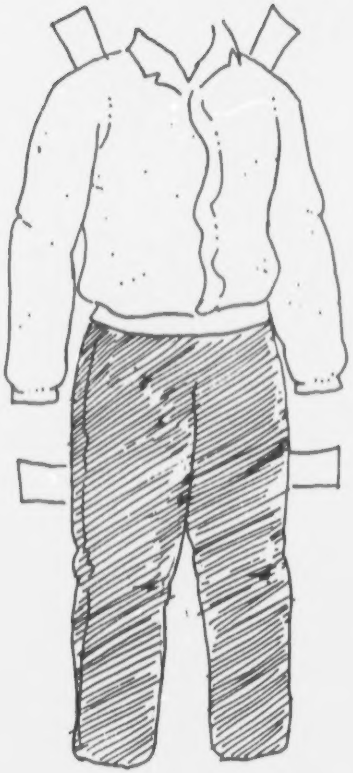


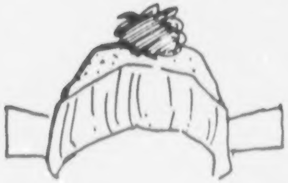


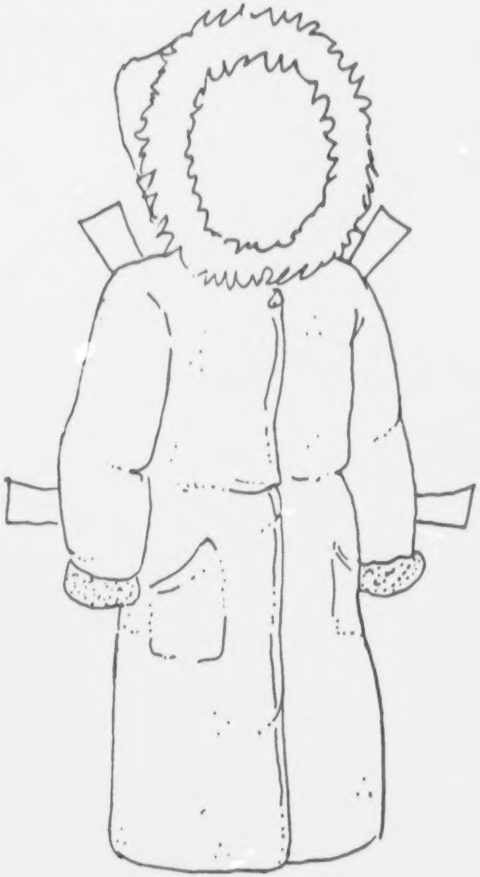
DRESSING FOR VERY COLD DAYS (cont'd)

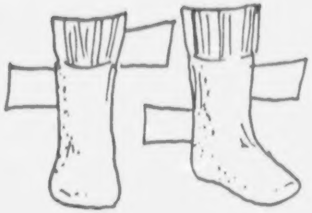
SFA 16C

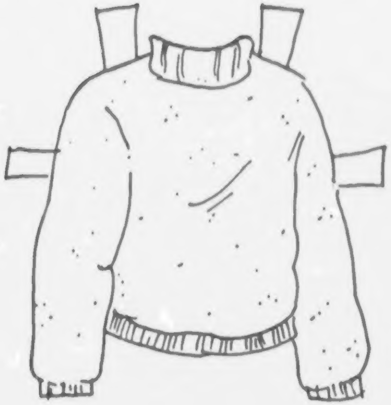


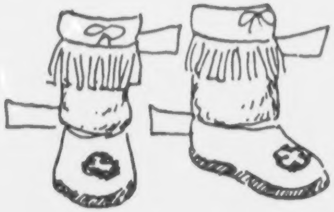












SAFETY AND FIRST AID

GRADE 2 **LESSON: 4** **THEME: FIREARM SAFETY**

CONCEPT: ACCIDENTS AROUND FIREARMS CAN BE PREVENTED BY FOLLOWING THE FIREARM SAFETY RULES

PREPARATION:

1. Materials for big books
2. Pocket chart
3. Prepare overhead transparencies of What's The Problem (Activity Sheets SFA 17A, 17B, 17C)
4. Prepare a class set of 'Treat Every Gun...' (Activity Sheet SFA 18)

VOCABULARY: gun, ammunition, store, treat every gun as if it were loaded

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page — Many of the activities in this lesson have been taken from the Firearm Awareness Program, developed by the Department of Renewable Resources for students in kindergarten to Grade 6. The complete program, consisting of five lessons, is available to be taught by, or with the assistance of, NWT Wildlife Officers. Contact the nearest Renewable Resource office for further information. At this grade level the word "gun" is used rather than firearm simply because it is simpler and the term that students are most likely to understand.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
i) identify uses of firearms	1. Name people they know who use guns and tell what they use them for.	Record student responses using an experience chart as shown:

People Who May Use Guns	*Why They Use Guns*	
My father	- to hunt seals	
My uncle	- to hunt bears	
My grandfather	- to hunt caribou	
My mother	- to keep bears away from our camp	
My brother	- in snowshoe biathlon	
R.C.M.P.	- to protect people	
Army	- to protect Canada	
Tourists	- to hunt	

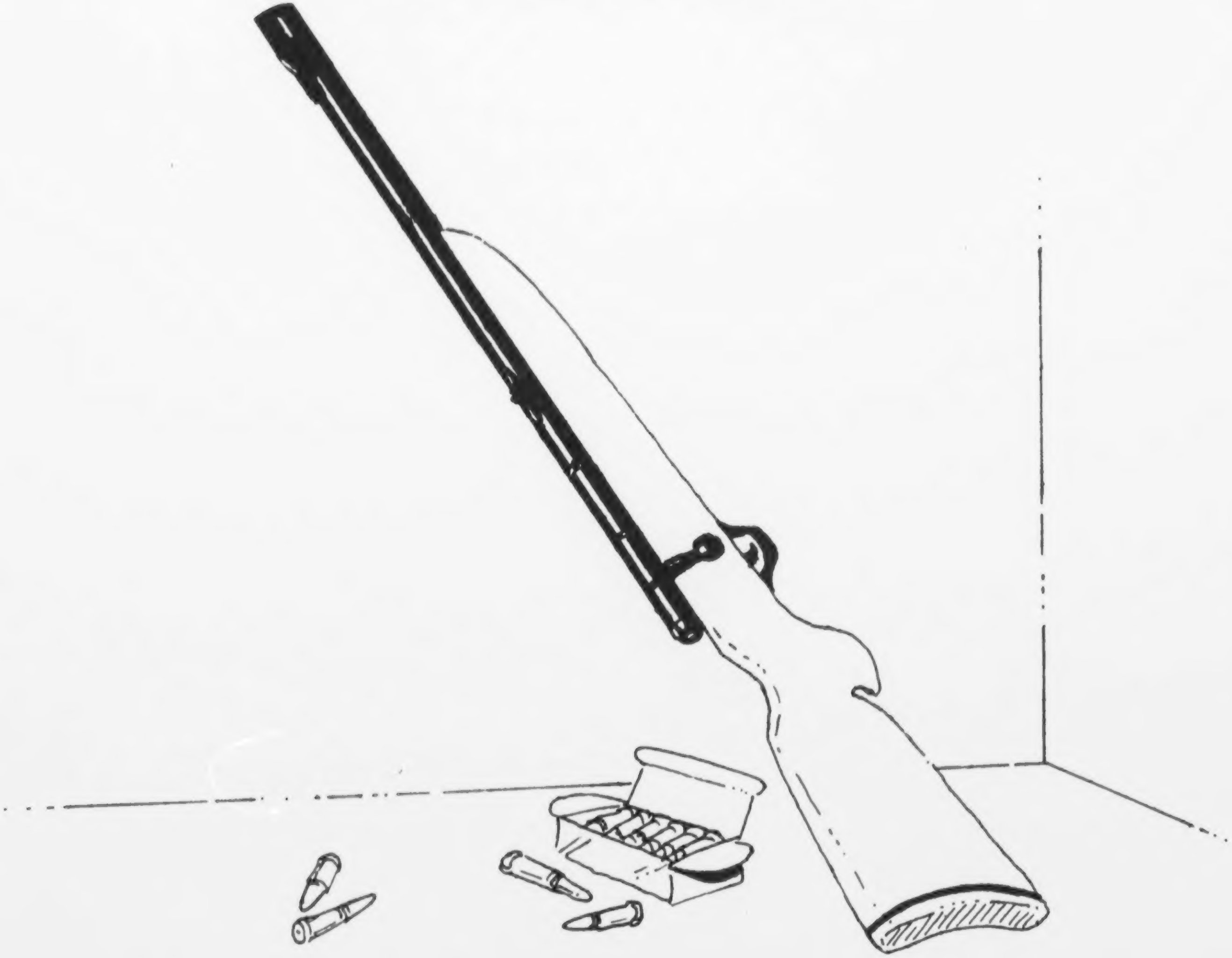
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	2. Make a big book illustrating people who use guns.	Have each student prepare one page for the book illustrating one of the ideas from the experience chart in Student Activity 1, and write a sentence below the illustration. e.g., My father uses a gun to shoot seals. My mother uses a gun to keep bears away from our camp.

<table>
<tr><th>OBJECTIVES</th><th>STUDENT ACTIVITIES</th><th>TEACHER NOTES</th></tr>
<tr>
<td>ii) explain that mishandling a gun may cause injury or death</td>
<td>3. Describe gun accidents that they know of.</td>
<td>Ask students if they know anyone who has been hurt or killed with a gun. Elicit details and discuss. It is important for students of this age to understand that:
- nearly half of gun accidents involve children (under the age of 16),
- accidents happen very quickly.</td>
</tr>
<tr>
<td>iii) describe proper handling and storage of guns</td>
<td>4. Identify rules related to proper handling and storage of guns.</td>
<td>Ask students to identify safe handling and storage of guns. Record student responses using a pocket chart as shown.
<table>
<tr><th>Always (✓)</th><th>Never(X)</th></tr>
<tr><td>- tell an adult if you see a gun lying around</td><td>- touch or play with a gun if you are a child</td></tr>
<tr><td>- treat every gun as if it's loaded</td><td>- point a gun at something you don't want to shoot</td></tr>
<tr><td>- store guns and ammunition separately</td><td>- run, climb or jump with a loaded gun</td></tr>
<tr><td>- store guns out of reach of children</td><td></td></tr>
</table>
Responses should include:
- young children should not touch guns
- older children may touch guns in certain situations, but only with adult supervision
- knowing the rules for proper handling and storage of guns
- always standing behind and away from the person with the gun
- treating every gun as if it was loaded</td>
</tr>
</table>

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
iv) describe preventive behaviours related to gun safety	5. Identify ways any of these accidents could have been prevented.	Have students brainstorm ways in which the accident(s) might have been prevented. Responses should include: - young children should not touch guns - older children may touch guns in certain situations, but only with adult supervision - knowing the rules for proper handling and storage of guns - always standing behind and away from the person with the gun - treating every gun as if it was loaded.
	6. Identify the safe behaviours related to gun safety.	Refer to Activity Sheets SFA 17A, B, C. Using the overhead transparencies, have students identify the unsafe behaviours shown in each. SFA 17A - gun and ammunition stored together SFA 17B - gun left in doorway where someone could trip over it - gun left within reach of young children SFA 17C - gun left within reach of young children - child touching gun
	7. Learn the song "Treat Every Gun...".	Refer to Activity Sheet SFA 18.

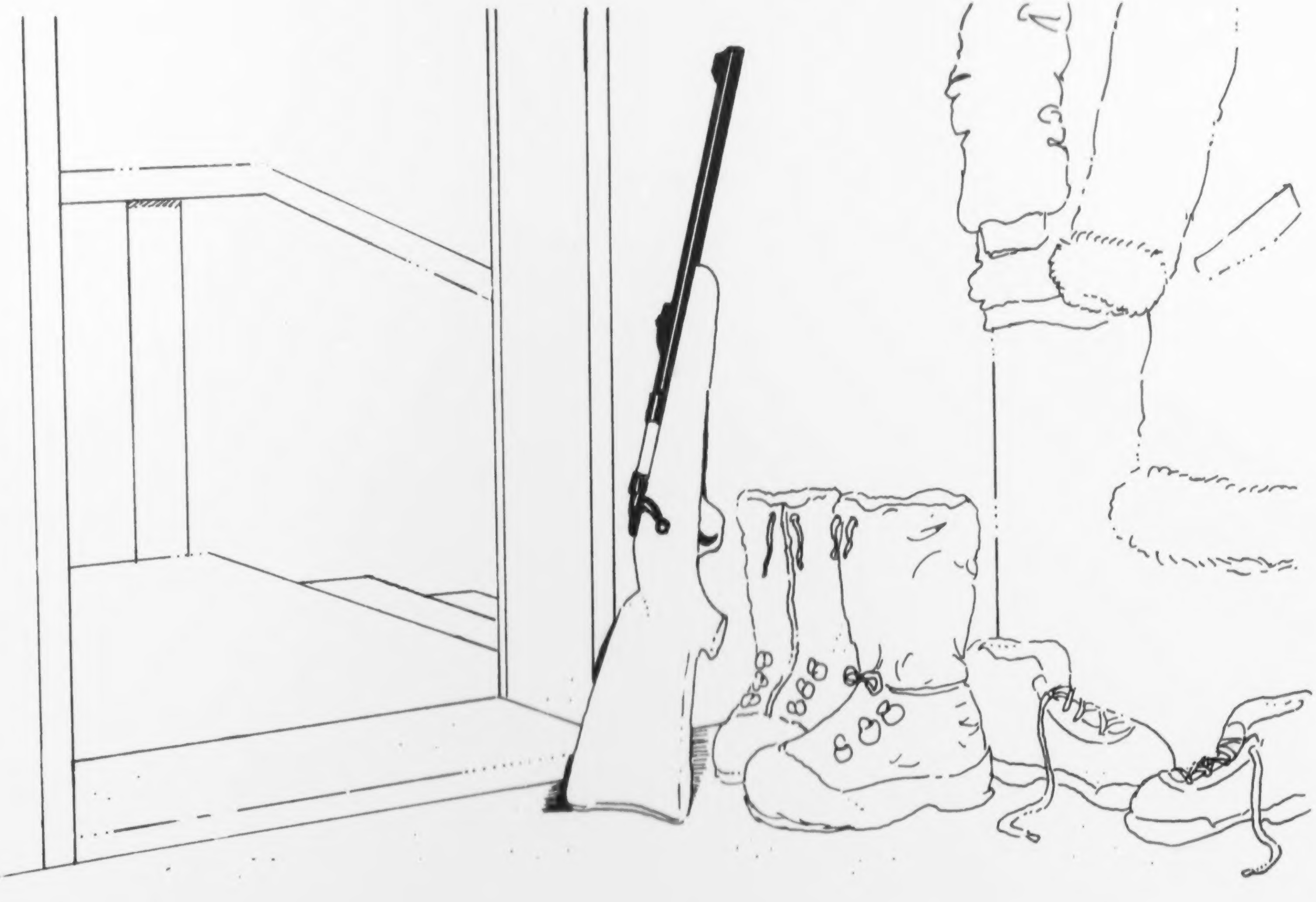
WHAT'S THE PROBLEM?

SFA 17A



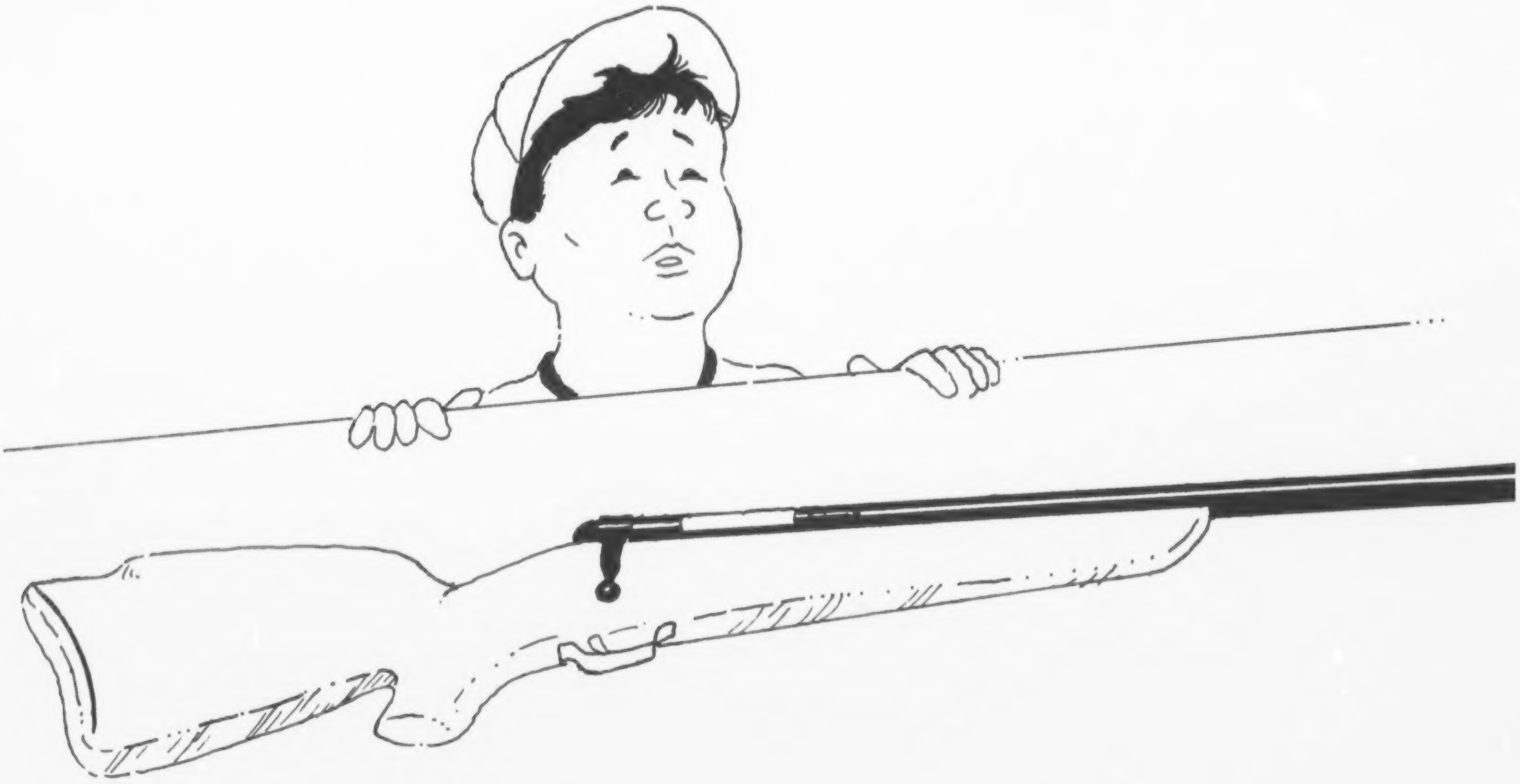
WHAT'S THE PROBLEM?

SFA 17B



WHAT'S THE PROBLEM?

SFA 17C



TREAT EVERY GUN

Treat every gun as if it were...
If it were..., if it were...
Treat every gun as if it were
LOADED, LOADED, LOADED.
(Speak, rather than sing the last line, getting progressively louder.)

Guns aren't toys, don't play with them
Don't play with them, don't play with them
Guns are not toys, don't play with them
They'll hurt you if you do.

Treat every gun as if it were...
If it were..., if it were...
Treat every gun as if it were
LOADED, LOADED, LOADED.

(Tune: The Wheels On The Bus)
- Barbara Hall

SAFETY AND FIRST AID

GRADE 2 LESSON: 5 THEME: FIRST AID

CONCEPT: MINOR INJURIES CAN BE TREATED BY CHILDREN

PREPARATION:

VOCABULARY: blood clot

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) demonstrate self treatment of a nosebleed	Students: 1. Observe a demonstration to treat a nosebleed.	Background Information: Page SFA 54 A fall, punch or blow to the nose may result in a nosebleed. Dry air can also cause nosebleeds. Children should be taught to treat themselves when they have a nosebleed, as the procedure is simple and self treatment reduces the risk of blood borne infections. Teacher demonstrates the following procedure while students observe. 1. Sit down. 2. Tilt your head slightly forward so that blood does not run down your throat. 3. Pinch your nostrils and hold for 8 - 10 minutes. (No "peeking" after a few minutes.) 4. Breathe through your mouth. 5. Keep calm.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		6. Do not blow your nose for several hours. (This could remove the blood clot and bleeding could start again.) 7. If bleeding does not stop after 10 minutes, tell an adult you trust or get help from a nurse or doctor. 8. Thoroughly wash your hands with hot, soapy water. Dry.
	2. Demonstrate self treatment for a nose bleed.	Have students follow the steps as demonstrated. Make sure that they check the clock when they start. They will undoubtedly find 10 minutes a long time but should go through the experience to get a realistic idea of how long 10 minutes is when you are sitting, doing nothing. If students have difficulty holding their noses for 10 minutes in a simulation consider reading them a story or showing a short video to pass the time. Encourage them to watch the clock and tell when the time is finished.

GRADE 2
TEACHER BACKGROUND INFORMATION

SAFETY AND FIRST AID

GENERAL SAFETY

Injuries, accidents and violence account for approximately 30% of all deaths in the N.W.T. A World Health Organization Report suggests that Canada is the worst country in the industrialized world for accidents among children.

Children are extremely curious and extremely active. They are, therefore, at high risk of accidental injury. However, knowledge of potentially dangerous situations and behaviours, the development of skills such as decision-making and the encouragement of attitudes such as being responsible for one's own actions can contribute to a reduction in, or the prevention of, accidents and injuries.

At the same time, school staff with a basic knowledge of First Aid can respond immediately to an emergency situation, ensuring prompt and appropriate treatment is provided.

St. John Ambulance is a national organization which will provide basic First Aid Training Courses in communities. For more information about St. John Ambulance in the Northwest Territories, contact:

St. John Ambulance
51st Avenue & 51st Street
YELLOWKNIFE
403-873-5658

FIRE SAFETY

Safety Practices to Prevent Fires

Fire prevention involves positive safety practices:

- keep matches out of reach of children;
- children should never play with matches;
- never use gasoline or other flammable liquids to start fires;
- fire extinguishers should be easily available and kept in good working order;
- never leave electrical appliances on and unattended;
- turn pot handles away from the front of the stove;
- keep flammable material (clothes, paper, blankets etc.) away from fires and heaters;
- never smoke in bed.

Fire Drill Procedures

Schools should practise fire drills regularly. Being able to evacuate a building quickly and in an orderly fashion may make the difference between life and death.

When the fire alarm sounds:

- walk to the door in an orderly fashion;
- line up in single file by the door;
- wait for the teacher to say when to leave;
- the teacher should close the door behind him/her;
- walk quickly and quietly behind the leader to the fire exit;
- assemble at the pre-selected point - this should include a nearby building in winter time;
- check that everyone is there;
- stay outside; do not go back into the building, until a responsible adult has determined it is safe to do so.

In the event of evacuating a building in extremely cold temperatures, the Yellowknife Fire Department recommends:

- students should always wear shoes in the classroom - there should be no sock feet;
- grabbing coats and boots on the way out - assuming that they are located in or immediately outside the classroom;
- leaving the building without coats or boots, if they are not close by - e.g. if students are in the gym.

The Fire Department also recommends that schools which are some distance from other buildings which could provide temporary shelter should:

- keep a supply of blankets in the gym or shop;
- where there is a school bus, use it to shelter students.

When a Building is on Fire

There are two basic rules to remember in the event of fire:

- Get out!
- Get help!

The following steps should be followed in the event of discovering a fire or being in a building which is on fire:

- yell 'Fire! Fire!' as loudly as possible;
- touch closed doors. If they are warm or hot, do not open them;
- stay away from smoke. Take another exit or crawl under the smoke;
- go to a safe meeting place outside;
- call the fire department;
- do not go back inside for any reason.

It is important for students to practise this drill. They will be more likely to reach safety, if they have rehearsed the steps to follow.

When Clothes are on Fire

The following steps should be followed, if clothing is on fire:

- STOP: stop immediately;
- DROP: drop to the ground or floor immediately;
- ROLL: roll back and forth on the burning spot until the fire is out;
- COVER: cover your face with your hand;
- COOL: cool burn with cold water immediately.

Making a Fire Plan

Students are encouraged to develop a plan for evacuating different rooms in the school, in the event of a fire. It is also suggested that they can help their families do the same at home. The local fire department may assist with this.

ELECTRICAL SAFETY

Accident prevention around electricity involves the following safety practices:

- keeping all electrical appliances, cords and plugs in good repair;
- using grounded appliances;
- not overloading circuits;
- never using electrical appliances near water;
- covering electrical outlets with special plugs, if there are small children around;
- never poking objects into electrical appliances, when plugged in;
- never poking objects into electrical outlets;
- keeping electrical cords where people will not trip over them.

BICYCLE SAFETY

People who ride bicycles or motorbikes, drive snowmobiles, trucks or cars are all road users, who have to follow the rules of the road.

Accident prevention around bikes involves the following safety practices:

- keeping your bike in good working order;
- learning and observing all road signs;
- using correct hand signals for stopping or turning;
- riding on the right hand side of the road;
- always riding in single file;
- giving way to pedestrians;
- riding on the road, not the sidewalk;
- never carrying other people on the bike, unless it is built for that e.g. a baby carrier, or a tandem;
- always keeping hands on the handlebars, unless signalling;
- using a headlight after dark.

WATER SAFETY

Safe Boating

Accident prevention around boats involves the following safety practices:

- always wearing a lifejacket;
- always carrying safety equipment e.g. paddle and bailer;
- taking extra clothes;
- never standing up in a boat or canoe;
- never overloading the boat;
- never boating alone;

- always checking the weather;
- making sure you tell someone where you are going and when you will be back;
- never drinking alcohol when driving a boat;
- if the boat capsizes, staying with the boat.

Safe Swimming

Accident prevention when swimming involves the following safety practices:

- never swimming alone;
- not fooling around in or near water;
- never swimming in unknown waters;
- children should swim, only if there is an adult around;
- never swimming while intoxicated;
- never swimming if the water is really cold;
- staying in the designated swimming area, if in a controlled situation;
- obeying all warning signs.

ICE SAFETY

Accident prevention in winter time involves the following safety practices around ice:

- checking with an adult before playing on ice;
- keeping off ice in Spring and Fall, when it is thawing;
- being cautious around dark or unknown patches of ice;
- staying away from ice, where there may be strong currents e.g. a river;
- staying away from open water;
- carrying a long pole when on ice.

ANIMAL SAFETY

Accident prevention around animals involves the following safety practices:

- never trying to pet or pick up a wild animal;
- never picking up a dog's bone;
- never trying to break up a dog fight, even if it is your own dog;
- never playing at the dump;
- making noises when picking berries so that animals will hear you;
- never leaving garbage around your campsite or outside your house;
- if a strange dog comes up to you, stand still; keep your hands down; let the dog sniff you; talk to it in a quiet, calm voice; walk away slowly;
- if you are bitten by an animal, go to the Community Health Centre.

COLD WEATHER SAFETY

Accident prevention in winter involves the following safety practices:

- wearing a hat to prevent heat loss;
- wearing warm mitts or gloves to prevent frostbite;
- wearing a scarf in extremely cold temperatures;
- wearing layers of clothes;
- taking extra clothes, if going out of the community;
- wearing loose clothes - tight clothes are not warm;
- checking with an adult before playing outside;
- playing with someone else and checking each other for frostbite;

- wearing warm boots when it is extremely cold;
- keeping dry.

Hypothermia Prevention
Many people think hypothermia affects the body only in winter time; in fact, it can occur at any time of the year. It often occurs in the north in summertime, largely because of the cold temperatures of northern waters. On land, hypothermia occurs most frequently at mild temperatures, especially when it is wet or windy.

Hypothermia can be prevented by observing the following safety practices:

- carrying extra clothes in waterproof bags;
- staying dry, if possible;
- wearing a hat to protect the head from heat loss;
- not eating snow; it lowers your body temperature;
- not drinking alcohol; it also lowers your body temperature and makes you less sensitive to cold;
- taking materials or being sure materials are available for an emergency shelter.

First Aid
See attached sheets.

Frostbite
Frostbite is the most common injury in cold weather.

Signs and Symptoms

- the skin turns white, yellowish-white or purple - purple is usually a sign of severe frostbite;
- the area feels numb;
- the area becomes cold and insensitive to touch.

Treatment

If someone is suffering from frostbite, the following steps should be followed:

- Go to a warm place, as soon as possible;
- Use body heat to thaw the frostbite e.g. fingers - put hands under armpits;
- Rub the affected area very gently with a warm hand;
- Do not rub the area with snow;
- Put extra clothes on the affected part;
- Once inside, give the person something warm to drink - NOT alcohol;
- Immerse the frostbitten part of the body in WARM, NOT HOT, water;
- Wrap the person in blankets;
- Contact a nurse or doctor immediately.

Hypothermia

Hypothermia occurs when the body becomes chilled over a long period of time. It is caused by exposure to cold. It is even worse when accompanied by winds, dampness or exhaustion.

Signs and Symptoms

- violent fits of shivering;
- shivers will stop;
- numb feeling;
- cannot walk properly; stumbles around;
- feels drowsy;
- does not realize s/he has these symptoms;

- eventually collapses;
- leads to death.

Treatment

If a person is suffering from hypothermia, the following steps should be taken:

- warm the person slowly;
- if possible, take him to a dry, sheltered place;
- if possible, remove his/her wet clothes;
- give him/her something warm to drink (not alcohol);
- if possible, give the person a warm bath;
- get into a sleeping bag with the person - this provides a source of body heat;
- contact a nurse or doctor.

FIREARM SAFETY

Firearms are a part of many people's daily lives in the Northwest Territories, and will undoubtedly continue to be. Children are exposed to them from a very early age, both through day to day living and various media. Many firearm accidents have involved young people (approximately 50% of firearm accidents involve children 15 years and younger).

Children need to learn awareness and safety related to firearms and ammunition, as well as positive and responsible behaviours around firearms. It is not intended to scare children, but rather to stress caution and personal responsibility.

Children should understand

i) that firearms are dangerous - they are not toys

ii) that mishandling a gun can cause injury or death

iii) the rules of firearm safety, and

iv) preventive behaviours around firearms.

Generally, young children should learn not to touch firearms. Under Canadian law, it is illegal for someone under 14 years of age to handle guns on their own. However, because hunting is a traditional way of life in the N.W.T., there may occasionally be situations where children need to know proper handling and storage of guns. Proper handling and storage are preventive behaviours related to firearm safety; teaching these does not assume that children should be handling guns on their own.

Preventive Behaviours Related to Firearm Safety

1. Young children should not touch firearms.
2. Older children may handle firearms in certain situations, but with adult supervision.
3. Always stand behind and away from the person with the firearm.
4. Know the rules of proper handling and storage of firearms and ammunition.
5. Treat every gun as if it were loaded.

Firearm Safety Rules

1. Treat every firearm as if it were loaded.
2. Always control the muzzle of your firearm.
3. Be sure of your target and beyond.
4. Never shoot at a flat, hard surface, or at water.
5. Never point a firearm at anything you do not want to shoot.
6. Never run, climb or jump with a loaded firearm.
7. Store firearms and ammunition separately.
8. Be sure your firearm is clear of all obstructions.
9. Unload firearms when not in use.
10. Tell an adult if you find a gun lying around.

Proper Storage of Firearms and Ammunition
Firearms and ammunition should be stored:

- separately.
- out of easy reach.
- in a secured, dry place.
- in cold weather hunting, it is better to leave firearms in a secure cold place, rather than allow condensation which may cause freezing and firearm failure. (relate comparison of cold eyeglasses fogging up)
- in leather or cloth cases; plastic cases will cause rusting.

Adapted from the Firearm Awareness Program, Department of Renewable Resources.

'First Aid for Teachers'

The following pages have been reprinted with permission from 'First Aid for Teachers' from the Canadian Red Cross Society.

First Aid

First aid is the immediate assistance provided to a person in physical distress to maintain vital functions until medical attention can be obtained. Do not give medical aid which you have not been trained to deliver.

First Aid Objectives

1. Save a life.
2. Prevent further injury.

First Aid Priorities

1. **Dangers**
   Do not move an injured child unless the child is in danger where he is. Only move the child if you cannot eliminate the danger. Protect yourself.
2. **Ambulance**
   If the child appears to be unconscious, bleeding severely, or is having difficulty breathing, shout for help. Send an adult or older child for an ambulance. Tell them to give the following information:
   - Where the accident is.
   - What's wrong.

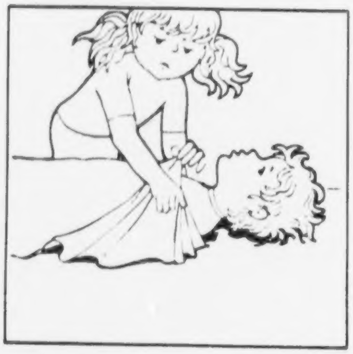
   Tell them not to hang up until told to do so.
3. **A.**
   Airway
   Squeeze and shout. Open airway.
4. **B.**
   Breathing
   Check for breathing. If the child is not breathing, begin **Rescue Breathing.**
5. **C.**
   Circulation
   Check for serious bleeding (i.e. arterial bleeding). Begin first aid for serious **Bleeding.**
6. **Shock**
   Give first aid for shock to every injured student.
7. **Assessment**
   Check for injuries other than ABC problems. Send someone to call an ambulance if needed.

Care for Shock

What to look for:

The child may
- appear pale, grey or mottled
- have cold, clammy skin
- feel weak
- have irregular breathing
- appear anxious or apathetic
- feel nauseous or thirsty

CAUTION: Many injured children experience shock, sometimes immediately, sometimes hours after an accident. **Shock can cause death.** As a preventive measure **always** give care for shock to an injured child.



1. If the child is conscious, keep him lying down.
2. Elevate the child's legs 20 cm (8") unless you suspect a broken bone or back injury.
3. Maintain normal body temperature. In most instances you will need to cover the child to keep him warm. If there are no neck or back injuries or broken bones suspected, place a blanket under the child.
4. Comfort and reassure the child.
5. Encourage regular full breaths.
6. Continuously check that the child is conscious and breathing. Check wound sites to ensure that bleeding has not resumed.
7. If the child becomes unconscious treat for **Unconsciousness.** If the child stops breathing give **Rescue Breathing.**
8. Elevate the child's head and shoulders if breathing is difficult unless you suspect head, neck or back injuries.

CAUTION: Do not give food or fluids. Severely injured children may require surgery.

Note: Shock is oxygen deprivation in the brain and other vital organs. It is caused by a serious reduction in blood pressure and/or volume. Blood volume and pressure can be reduced by many factors, including heavy loss of blood, loss of fluid as a result of burns, and the body's response to pain or fear.

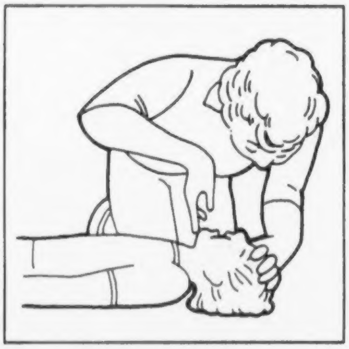
Rescue Breathing

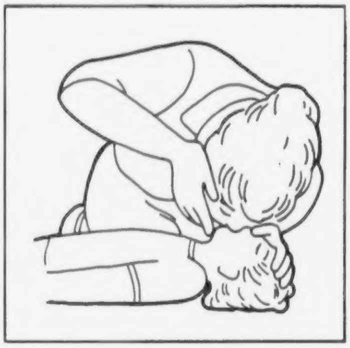
If a child appears to be unconscious:

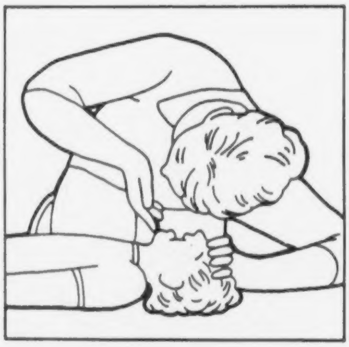
1. Squeeze the child's shoulders and shout, "Are you OK?" If no response, shout for help and send someone to call an ambulance.

CAUTION: If you suspect a neck, head or back injury, do not tilt the head. Gently lift the chin without moving the neck or pressing on the forehead. Tilt the head only if you cannot inflate the chest.

2. Tilt the head to open the airway. Lift the chin with one hand and push down on the forehead at the same time with the other.
3. Check for breathing. Place your cheek near the child's nose and mouth. Listen and feel for air. Look for movement of the chest.
4. If the child is breathing, care for **Unconsciousness.**
5. If the child is not breathing, pinch the nostrils closed. Use the thumb and forefinger of the hand that is on the child's forehead.
6. Seal your mouth tightly around the child's mouth. Blow in two slow breaths of air. Take your mouth away after each breath.
7. Release the nostrils. Look for movement of the chest.
8. If the chest has not moved, make sure the head is tilted enough. Pinch the nostrils closed, blow in two breaths, and watch for movement of the chest.
9. If the chest still does not move, care for **Choking: Unconscious** steps 5-7.
10. Give one breath every 4-5 seconds until the ambulance arrives or the child starts breathing again.





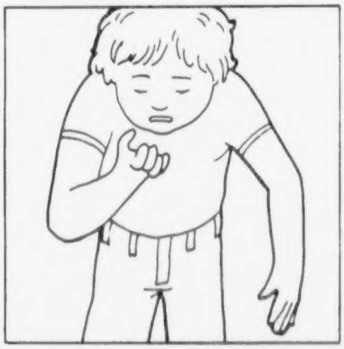


11. Care for **Shock.**

Note: If the child vomits during Rescue Breathing, roll him on his side, clean out the mouth, then resume Rescue Breathing.

Choking:

Conscious



If the child can breathe, speak or cough forcefully;

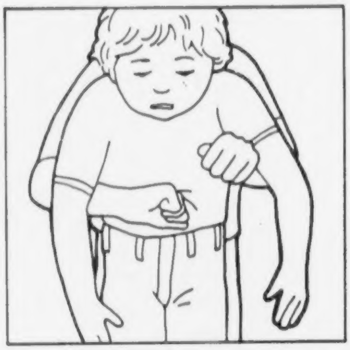
1. Encourage the child to bend forward and cough up the foreign object.
2. Do not slap the child on the back. Stay with him and monitor breathing.

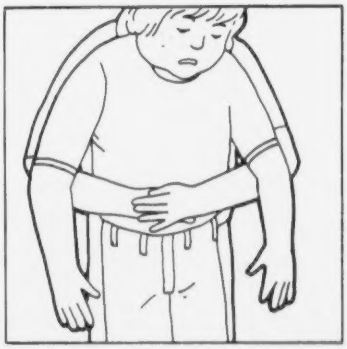
If the child cannot breathe, cough or talk, turns blue, or is making a high-pitched noise:

3. Shout for help and send someone to call an ambulance.
4. Stand behind the child and place your arms around his waist.
5. Make a tight fist. Place it just above the navel, thumb against the abdomen.
6. Place your other hand over the fist.
7. Press your fist into the abdomen with quick upward thrusts.
   (Heimlich Manoeuvre)

CAUTION: Adjust the force of the thrust to the size of the child. Use less force for a smaller child.

8. Continue the thrusts until the object has been expelled, or the child becomes unconscious. Treat for **Choking: Unconscious.**
9. After the object is expelled, seek medical attention immediately.
10. Care for **Shock.**





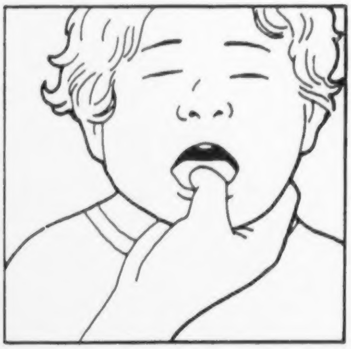
Choking:
Unconscious

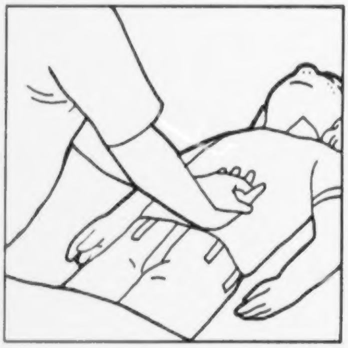
If a child is choking and becomes unconscious:

1. Ensure an ambulance has been called.
2. Roll the child onto his back.
3. Check the mouth. Grasp the tongue and lower jaw. If you can see the object, remove it, taking care not to push it in further.
4. Try to blow in two slow breaths of air. If air enters, give **Rescue Breathing.**
5. If the breath does not go in, place the heel of your hand in the middle of the child's abdomen, below the rib cage, just above the navel. Place the other hand on top.
6. Press into the abdomen using quick upward thrusts with increasing force. Repeat 6-10 times. (Heimlich Manoeuvre)

CAUTION: Adjust the force of the thrust to the size of the child. Use less force for a smaller child.

7. Repeat steps 3-6 until the object is expelled.
8. When the object is expelled, refer to **Rescue Breathing.**





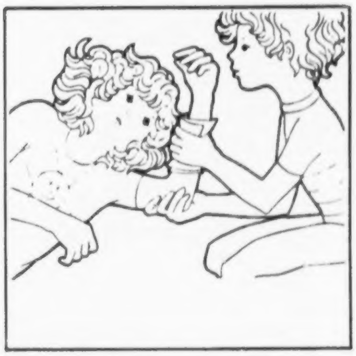
Bleeding

Cuts and Wounds

1. Apply direct pressure to the cut with a clean cloth. If nothing clean is available, use your hand with the fingers flat.
2. Elevate a bleeding limb higher than the heart, unless you suspect a broken bone.
3. For all severe bleeding, shout for help. Send someone to call an ambulance immediately.
4. Have the child lie down and keep still.
5. If the cloth soaks through, **do not remove it.** Apply a second cloth on top.
6. Tie the cloth in place with a bandage. Never tie a bandage to the neck. Maintain pressure with your hand over the wound.

After the bleeding has stopped:

7. Immobilize an injured limb if transporting the child is absolutely necessary.
8. Check circulation frequently. If the area below the wound is cold or blue, the bandage is too tight.
9. Care for **Shock.**
10. Seek medical attention.



Nose Bleeds

1. Have the child sit down.
2. Tilt the child's head forward slightly.
3. Pinch the nose firmly.
4. Hold firmly for 10 full minutes without checking.
5. If bleeding continues, seek medical attention.

Scrapes

1. Clean the scraped area by flushing it with running water.
2. Gently wash the area around the wound with soap and water.
3. Blot dry with a sterile gauze dressing.
4. Cover with a sterile non-stick dressing.

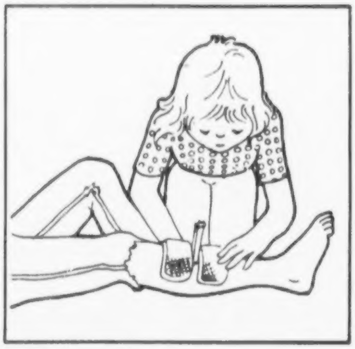
Note: Seek medical attention if the scrape is over a large area or if it becomes infected. If infected, it will be red around the scrape and sore to the touch.

Impaled Objects

CAUTION: Do not remove an impaled object, as severe bleeding and increased damage may result.

1. Cut clothing away from the wound site.
2. Stabilize the object and control bleeding by applying bulky dressings around it.
3. Hold the dressings in place with bandages.
4. Seek medical attention immediately.
5. Care for **Shock.**

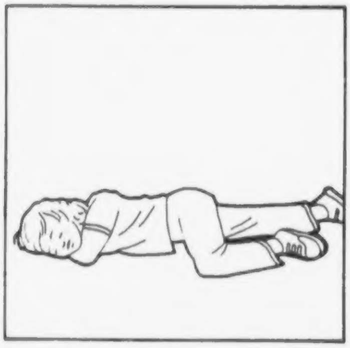
Note: If an object appears to have punctured the chest wall, seal the wound with a piece of plastic or your hand. Place the child in semi-prone position, injured side down. Monitor airway and breathing constantly.



Internal Bleeding

What to look for:
Suspect internal bleeding if the child has received a severe blow to the chest, back or abdomen. One or more of these signs may be evident:

- pain over the injured spot
- bright foamy blood coughed up
- vomit that is red in colour
- bleeding from any body opening
- feeling of faintness
- swelling
- air hunger (yawning or gasping)
- severe thirst



CAUTION: Do not elevate the feet. Do not give the child anything to drink. Do not move a child who may have a head or neck injury, unless breathing is a problem.

1. Place the child in the semi-prone position.
2. Send someone to call an ambulance.
3. Care for **Shock.**

SFA 61

Unconsciousness

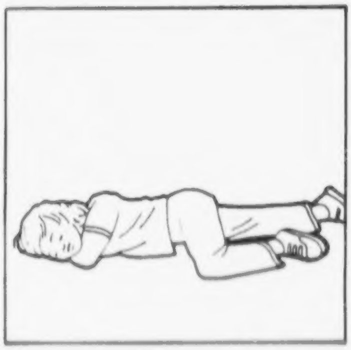
If a child appears to be unconscious:

CAUTION: Do not move the child if a neck or back injury is suspected.

1. Squeeze the child's shoulders and shout "Are you OK?" If no response, shout for help and send someone to call an ambulance. If the child is not breathing, give **Rescue Breathing.**
2. If the child is breathing, and you do not suspect a neck or back injury, place the child in the semi-prone position. Watch the mouth for blood or fluids. Clear with a cloth.
3. If you suspect a neck or back injury, do not move the child.

   Check for blood, fluids or noisy breathing. If there is none, do not move the child. **Listen and watch for fluids constantly** until the ambulance arrives.

   If you hear gurgling, or noisy breathing, or see fluid, roll the child into the semi-prone position immediately. Turn the body as a unit. Avoid twisting the neck. Ask other adults to assist you. Clear the mouth with a cloth.



4. Constantly check breathing. If it stops, give **Rescue Breathing.**
5. Check for a Medic Alert bracelet or necklace.
6. Care for **Shock.**

Fainting

What to look for:
Fainting may be preceded by
- paleness
- sweating
- dizziness
- nausea

1. If you think that the child is about to faint, have him lie down and elevate his feet 20 cm (8").
2. Loosen tight clothing.
3. If the child becomes unconscious, open the airway.
4. Check for breathing. Place your cheek near the child's nose and mouth. Listen and feel for air. Look for movement of the chest. If not breathing give **Rescue Breathing.**
5. If the child is breathing, or when he resumes breathing, place him in the semi-prone position.
6. Check for a medic alert bracelet or necklace.
7. If there is no recovery in 3 minutes, the problem is more serious than fainting. Send someone to call an ambulance immediately.
8. Care for **Shock.**

Diabetes

What to look for:
A diabetic child who has taken too much insulin, missed a meal, or exercised too much may show any of the following:
- moist, ashen or pale skin
- cold sweat
- hunger
- shallow breathing
- confusion
- shaking
- dizziness.

CAUTION: If this condition is not handled immediately, the child may become unconscious.

If the child is conscious:

1. Give the child a glass of juice, candy or any other sugar.
2. Seek medical attention immediately.
3. Care for **Shock.**

If the child is unconscious:

1. Place the child in the semi-prone position.
2. Send someone for an ambulance immediately.
3. Place a **small** pinch of sugar under her tongue. Repeat when the sugar has dissolved. Do not give the child anything to drink.
4. Care for **Shock.**

Spinal and Head Injuries

What to look for:
One or more of these signs may be evident if there is a spinal injury.

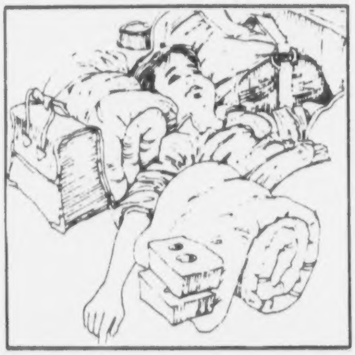
- loss of motion or sensation below the injury
- pain at the site of the injury
- light muscle flinching
- "pins and needles" sensation below the site of the injury
- confusion
- loss of coordination

What to look for:
A child with a head injury may show any of the following:

- headache
- dizziness, or disorientation
- nausea or vomiting
- drowsiness
- loss of consciousness
- bleeding or clear fluid from ear or nose

A fall of 15 cm (6") onto a hard surface is sufficient to cause a head injury. Seek medical attention immediately. A head injury is often more severe than it may seem.

CAUTION: Any head injury may mean the child has a spinal injury. Unless the child's life is in danger, **do not move the child.**

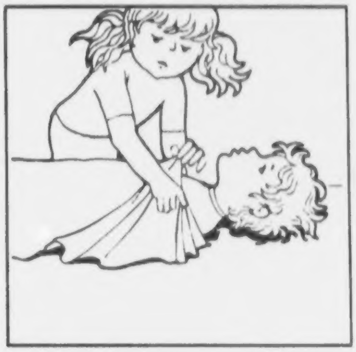


1. Check for consciousness without moving the child. Squeeze the child's shoulders, and shout, "Are you OK?" If no response, shout for help and send someone for an ambulance.
2. Check for breathing. Place your cheek near the child's nose and mouth. Listen and feel for air. Look for movement of the chest.
3. If the child is not breathing, give **Rescue Breathing.**
4. If the child is breathing and unconscious, treat for **Unconsciousness.**
5. If conscious: If you suspect a spinal injury, immobilize the head in the position you found the child. Use towels or clothing and hold them in place with rocks or bricks.
6. Care for **Shock.**

Seizures

1. Protect the child's head and limbs from injury by removing objects nearby. Place soft articles such as pillows between the child's head and immovable objects such as walls and heavy furniture.
2. Do not interfere with the child's movements.
3. Do not put objects between the teeth.
4. After the seizure, if the child is unconscious or sleepy, place him in the semi-prone position.
5. Care for **Shock.**

Broken Bones



Caution: Do not move a broken bone. Call an ambulance; the attendants will splint the bone.

What to look for:
The presence of only one of these signs is sufficient to call an ambulance:

- severe pain or tenderness to the touch
- distortion of a limb
- loss of circulation in a limb (toes/fingers are white or blue)
- loss of feeling in a limb (Can the child feel a squeeze of the fingers/toes?)
- swelling and discoloration
- child reports having heard a cracking sound

1. Encourage the child not to move.
2. Immobilize the broken limb where the child is lying. Use towels or blankets to stabilize the limb.
3. Call an ambulance.
4. Care for **Shock.**

Note: Treatment for dislocations is the same as for broken bones.

Bleeding (Compound fracture)

1. Gently place a cloth over the wound. Use a sterile dressing or clean cloth.
2. Apply pressure around but not on the wound. Pressure should be sufficient to control the bleeding without moving the broken bone.
3. Do not elevate the limb.
4. If bleeding is not controlled, apply a second bandage over the first.
5. Call an ambulance immediately.
6. Care for **Shock.**

Sprains & Strains

What to look for:

A **sprain** is an injury to a joint. The child may have:

- swelling
- pain
- discoloration
- loss of movement

A **strain** is an injury caused by overstretching the muscles. The child may have:

- pain
- swelling

1. Encourage the child not to move.
2. If you suspect a sprain, do not move the child unless necessary. The injury could involve a broken bone.
3. Apply cold to the injured area. Do not allow ice to touch the skin. Wrap the ice in a towel or cloth.
4. Seek medical attention.
5. Care for **Shock.**

Poison

Swallowed — Conscious Child

What to look for:
If a chemical has been swallowed, the child may have the following:
- burning sensation in the mouth, throat, stomach
- cramps, gagging, diarrhoea.

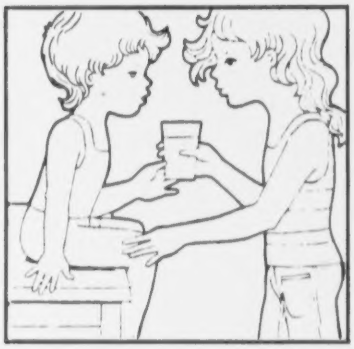
If a plant or drug has been swallowed, the child may have the following:
- vomiting, convulsions
- drowsiness, slurred speech
- lack of coordination
- dizziness

1. Identify the poison.

2a. **Drugs and medicine:** Do **not** give the child liquids. Call the Poison Control Centre for instructions.

2b. **All other poisons:** First give the child half a glass of water, then immediately call the Poison Control Centre for instructions. If Poison Control is not listed in your phone book, call your hospital or doctor.

3. Care for **Shock.**



Note: Store in your first aid kit two or more 50 ml bottles of Syrup of Ipecac to induce vomiting. Use only when instructed by the Poison Control Centre. If the child is transported to a medical facility, send the poison (container, plant, etc.) and a sample of any vomit with the child to the hospital.

Swallowed — Unconscious Child

What to look for:
If a chemical has been swallowed, the child may
- have burns on or in the mouth
- not be breathing
- be unconscious

If a plant or drugs have been swallowed, the child may
- vomit
- be unconscious
- not be breathing
- have convulsions

CAUTION: Never attempt to make an unconscious child vomit.

1. Squeeze the child's shoulders and shout, "Are you OK?" If no response, shout for help and send someone for an ambulance. If not breathing, give **Rescue Breathing.**
2. If the child is breathing, place in the semi-prone position and treat for **Unconsciousness.**
3. Care for **Shock.**

Note: If the child is to be transported to a medical facility, send the poison (container, plant, etc.) and a sample of any vomit with the child to the hospital.

Poison

On the Skin

What to look for:

The child who has come into contact with chemicals or a poisonous plant will have any of the following:

- burning, itching, swelling, blisters
- headache, fever.

1. Remove chemically contaminated clothing. Be careful not to contaminate yourself.
2. Flush the skin with cool water for at least 10 minutes. Be careful to avoid getting any of the chemical into the child's eyes.
3. Do not break blisters.
4. Identify the poison.
5. Call the Poison Control Centre for advice.
6. Care for **Shock.**

Inhaled

What to look for:

The child may have any of the following:

- irritated eyes, nose, throat
- coughing, shortness of breath, dizziness
- vomiting, convulsions
- bluish colour around the mouth
- unconsciousness

1. Take the child to fresh air. Protect yourself from the gases.
2. Squeeze the child's shoulders and shout, "Are you OK?" If no response, shout for help and send someone for an ambulance. If child is not breathing give **Rescue Breathing.**
3. If the child is unconscious and breathing: place in semi-prone position and treat for **Unconsciousness.**
4. If the child is conscious, call the Poison Control Centre for advice.
5. Care for **Shock.**

Burns

Heat Burns

CAUTION: Clothes may stick to the skin. Do not remove them. Do not break blisters. Never use greasy ointments, butter, lotions or creams.

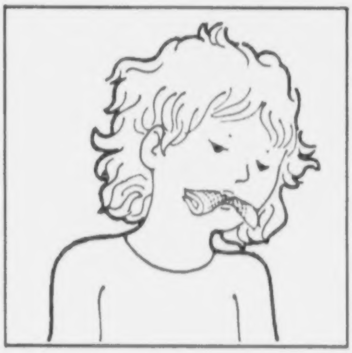
1. Immerse the burned area in cold water for at least 5 minutes and as long as the pain lasts. Do not use ice.
2. Cover the burn with a sterile, non-stick dressing.
3. Serious burns require immediate medical attention. These include red burns 5 cm (2″) or more in diameter and all burns which are blistered, white or black.
4. Care for **Shock.**

Chemical Burns

CAUTION: If the chemical is a powder, brush off as much as possible with a clean cloth before flushing with water.

1. Remove contaminated clothing.
2. Flush the skin with large amounts of cold water for 15 minutes. Use a shower or hose for large body areas.
3. Cover the burned area with a sterile cloth.
4. Seek medical attention immediately.
5. Care for **Shock.**

Teeth



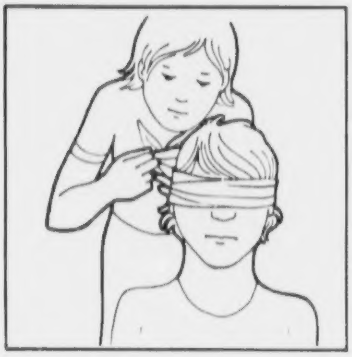
If a tooth is knocked out or broken:

1. Tilt the child's head forward to prevent choking on blood.
2. Use direct pressure on mouth wounds. Use a piece of gauze or clean cloth over the socket. Have the child bite down to hold the dressing in place.
3. Collect knocked-out or broken teeth. If soiled, place them in a moist cloth and keep them warm in the palm of your hand. If the child is old enough, place clean teeth between the gum and the cheek. Have the child bite down to avoid swallowing the teeth.
4. Seek **dental** attention immediately to have the tooth re-implanted.
5. Care for **Shock.**

Eyes

Foreign Object Embedded in the Eye

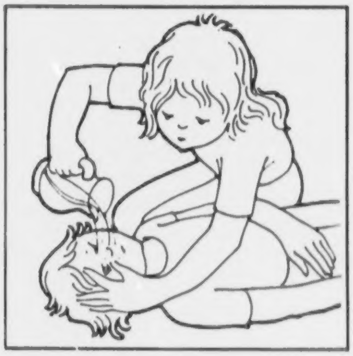
1. Instruct the child not to rub the injured eye.
2. Do not remove a foreign object.
3. Do not remove contact lenses.
4. Cover both eyes to reduce eye movement. Use a loose bandage to avoid pressing foreign objects against the eye.
5. Seek medical attention immediately.
6. Care for **Shock.**



Chemical in the Eye

CAUTION: Do not wash the chemical into the uninjured eye.

1. Flush the eye thoroughly with lukewarm water for at least 15 minutes.
2. Cover both eyes to reduce eye movement.
3. Seek medical attention immediately.
4. Care for **Shock.**



Bites and Stings

Insects

CAUTION: Most insect bites, although painful and uncomfortable, are harmless. However, if a child shows signs of breathing difficulty, call an ambulance immediately. If a bee or wasp sting causes a reaction, find out if the child is carrying a "sting kit", and help him use it.

1. Wash the affected area. Remove the stinger by gently scraping the skin with a knife. Do not use tweezers as squeezing the stinger may inject more poison.
2. Apply a cold compress to the bite area to control swelling. Calamine or other lotion may be used to relieve itching.
3. Care for **Shock.**

FIRST AID KITS

Field Trips

When making arrangements to take a group of students on a short field trip, plan to take along a first aid kit which includes **at least** the following items. Use a checklist to ensure that you have not forgotten any item.

2 Triangular bandages ☐
2 Small wound dressings ☐
2 Medium wound dressings ☐
10 Non adherent wound dressings ☐
2 3-cm Gauze rolls ☐
2 5-cm Gauze rolls ☐
1 Tape roll ☐
20 Alcohol wipes ________ ☐
________________ ☐
________________ ☐
________________ ☐

40 Bandage strips ☐
1 Tweezers ☐
Mild antiseptic ☐
2 Elastic roller bandages ☐
20 Safety pins ☐
1 Scissors ☐
Red Cross First Aid reference manual ☐
________________ ☐
________________ ☐
________________ ☐
________________ ☐

Wilderness Trips

To protect your students on a wilderness day trip, during the summer months, include **at least** the following items in your first aid pack. Use a checklist to ensure that you have not forgotten any item.

- 2 Triangular bandages ☐
- 2 Small wound dressings ☐
- 2 Medium wound dressings ☐
- 10 Non-adherent dressings ☐
- 4 3-cm Gauze rolls ☐
- 4 5-cm Gauze rolls ☐
- 1 Tape roll ☐
- 1 Scissors ☐
- 20 Alcohol wipes ☐
- 40 Bandage strips ☐
- Mild antiseptic ☐
- 2 Elastic roller bandages ☐
- 10 Safety pins ☐
- Coins (emergency phone calls) ☐
- Salt tablets ☐
- Needle and thread ☐
- Waterproof, windproof matches ☐
- ______________ ☐
- ______________ ☐
- ______________ ☐

- 1 Knife ☐
- 1 Flashlight ☐
- 1 Whistle ☐
- 1 Blanket or sleeping bag ☐
- 2 Splints ☐
- 10 Splint ties ☐
- Burn cream ☐
- Halazone tablets ☐
- Hard candies ☐
- Sun screen ☐
- Insect repellent ☐
- Moleskin ☐
- Pencil and paper (messages) ☐
- Soap ☐
- Lip balm ☐
- 2 Instant cold packs ☐
- Red Cross First Aid reference manual ☐
- ______________ ☐
- ______________ ☐
- ______________ ☐

Always be prepared for an emergency situation! For mountain trips, make sure every student has sufficient clothing to handle extreme changes in weather.

ACCIDENT REPORTING

All school districts require that an accident report be completed for every student who has been involved in a school-related accident. For the most part, copies of the report are filed at the School District Office and at the particular school where the accident occurred.

Although the format of the accident report as well as the reporting/filing procedures will vary from school district to school district, the information required is usually the same.

Accident reports should be designed to record **at least** the following information:

Name, age, address and **telephone number** of the injured student;

Date and **time** of the accident;

Details of the accident (location, circumstances and number of people involved);

Nature of the injury (part of body and severity of injury);

First aid administered to the student at the time of the accident;

Names of witnesses;

Name of person delivering first aid;

Attending physician or **admitting hospital**;

Name of supervisory teacher.

In addition to the legal requirements of accident reporting, schools can benefit tremendously from maintaining accurate accident records. From them can be secured the following:

Data: Such information can be used in the future to classify the types and severity of accidents occurring in a particular school.

Guidance: Students, teachers and parents can all learn from real experience ways to avoid accidents in the future; safety materials for students can be devised directly from the data recorded.

Evaluation: Safety precautions currently in effect can be frequently re-evaluated to maintain a safe environment for students at all times.

Support: With the data secured from accident reports, schools are in a much better position to receive such items as better gym apparatus, safer playground equipment, needed sidewalks or crosswalks and better lighting.

GRADE TWO

ALCOHOL AND OTHER DRUGS

ALCOHOL AND OTHER DRUGS

GRADE 2 LESSON: 1 THEME: SAFETY

CONCEPT: MANY SUBSTANCES ARE POTENTIALLY UNSAFE AND HAVE WARNING SIGNS

PREPARATION:

1. Prepare a class set of the "Signs Everywhere" or make an overhead transparency (Activity Sheet AD 26)
2. A copy of the hazard warning signs (Activity Sheets AD 27A, 27B, 27C, 27D)
3. Various products with hazard warning sign(s)
4. Prepare class sets of Hazard Signs Puzzle (Activity Sheet AD 28A - AD 28B, Teacher Answer Guide)
5. A copy of Products With Hazard Warning Signs (Activity Sheets AD 29A to AD 29E)

VOCABULARY: safe, unsafe, dangerous, sign, warning, blister, heat, flames, explode, flammable, corrosive, poison, explosive

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page AD 71 to 76, AD 78 to 79
i) identify the hazard warning signs and the dangers and rules associated with each	1. Identify various signs, and what they mean.	Refer to Activity Sheet AD 26. Distribute the "Signs Everywhere" sheets to the students. Ask students to identify the different signs.
	2. Tell why we use signs and what the signs are telling us.	Discussion: - Why do we use signs? We use signs to ☐ - If we do not speak English, do we know what the sign is telling us? How do we know?

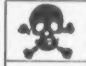
OBJECTIVES | **STUDENT ACTIVITIES** | **TEACHER NOTES**

3. Identify the poison warning sign, its meaning and what to do when they see it.

Refer to Activity Sheet AD 27A.

Students have learned the meaning of the poison warning sign in Kindergarten, Lessons 2 and 3, and Grade 1, Lesson 1.

Develop the first line of the following experience chart showing actual product(s) which bear the poison warning sign as example(s). The other lines will be completed in Activity 4.

Sign	Name	What It Means	Examples	Rule
	Poison	It is not safe to taste.	Antifreeze	Don't taste.
	Corrosive	It can burn the skin.	Paint Remover Javex	Don't touch.
	Flammable	It can catch on fire.	Gasoline	Keep it away from heat or flames.
	Explosive	It could blow up.	Spray cans (Muskol) Propane	Keep it away from heat or flames. Do not punch a hole in it.

4. Identify the other hazard warning signs, their meaning and what to do when they see them.

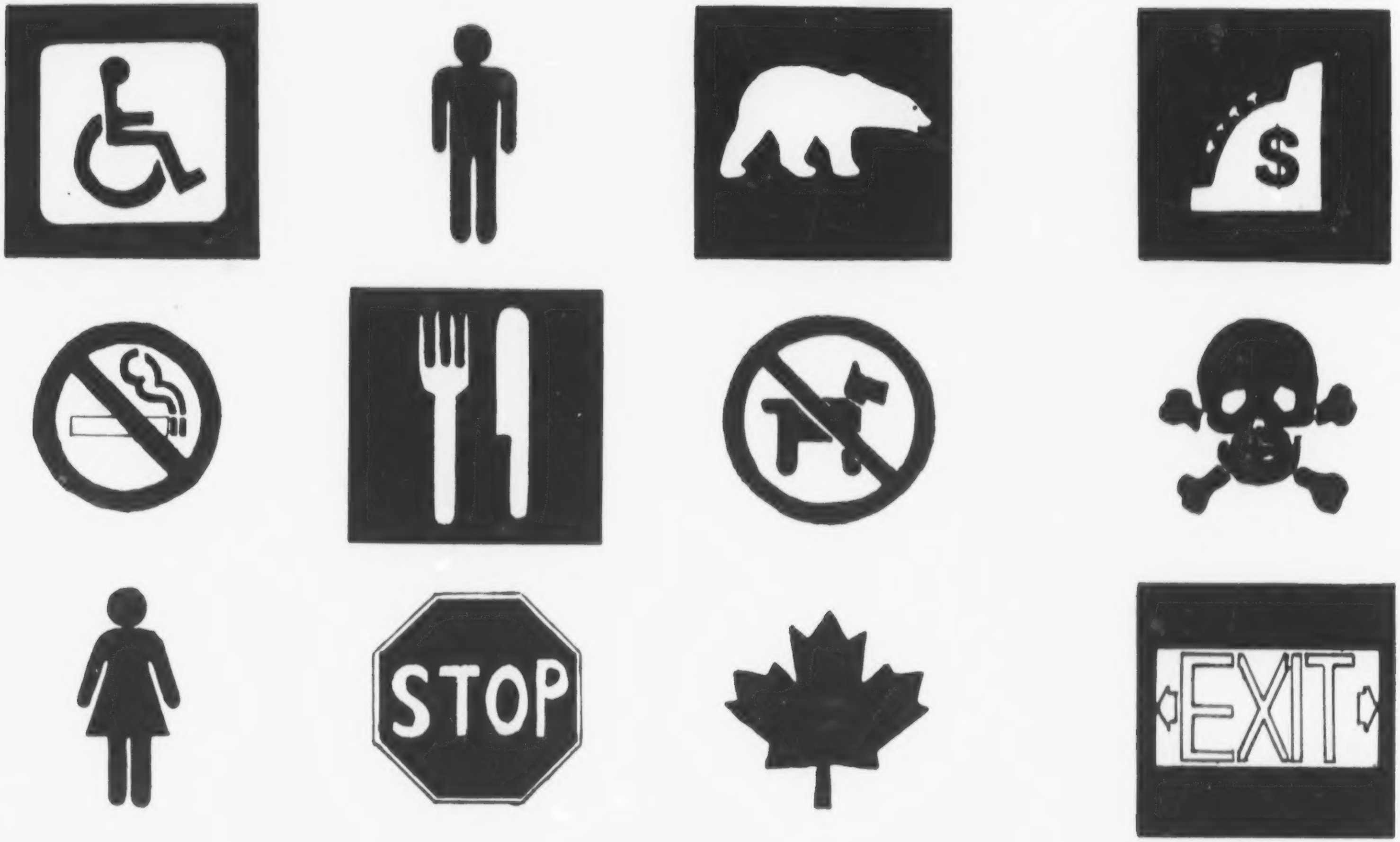
Refer to Activity Sheets AD 27B, 27C, 27D.

Complete the last three rows of the experience chart as shown in Student Activity 3.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	5. Complete Hazard Signs Puzzle.	Refer to Activity Sheets AD 28A and 28B. Distribute the sheets on which the puzzles have to be assembled (Activity Sheet AD 28B) Distribute Activity Sheet AD 28A. Have the students cut the pieces apart and then reassemble it on Activity Sheet AD 28B. (This activity may be carried over into a spare time activity.)
	6. State the rule(s) to follow with specific products.	Refer to Activity Sheets AD 29A to AD 29E. Divide students into pairs. Give each pair an illustration or an actual product with a hazard warning sign(s). Give each pair several minutes to prepare and then report to the class using the following sentence patterns: This is **Javex.** It has a **Corrosive Warning Sign.** That means **not to get any on your skin or in your eyes.**

SIGNS EVERYWHERE

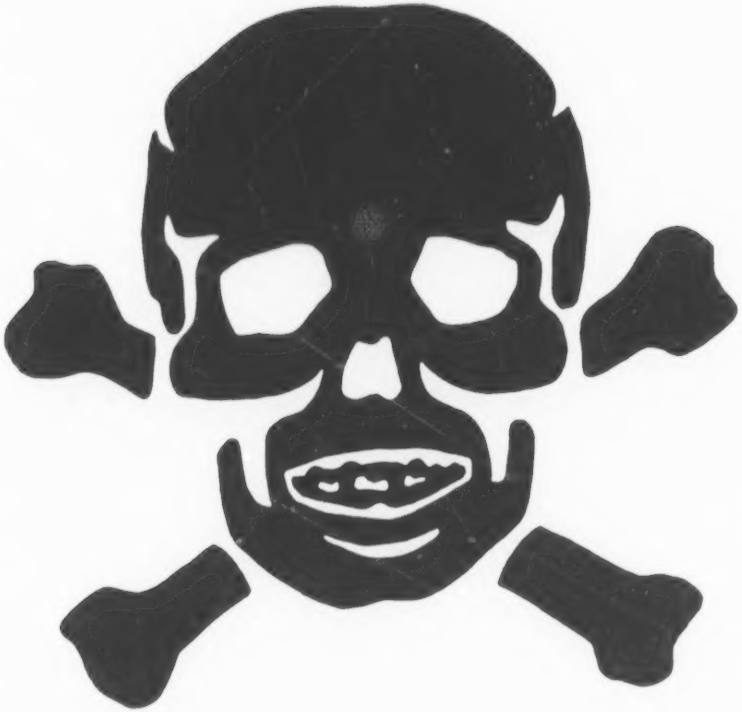
AD 26



AD 27A

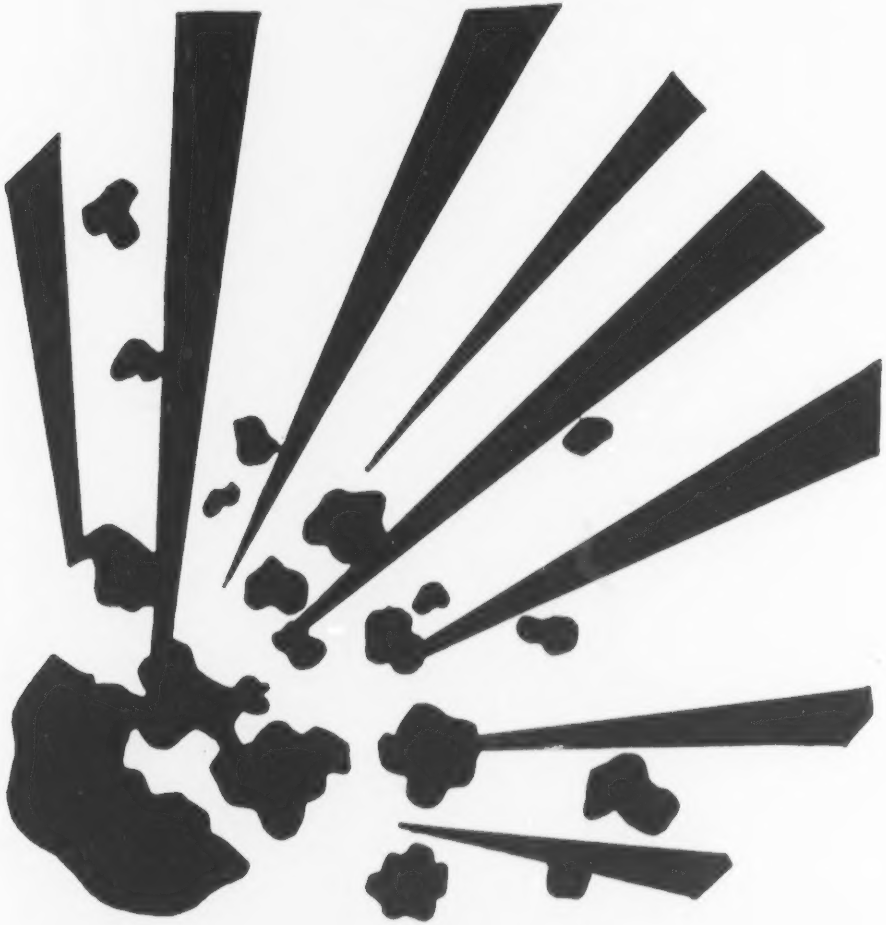
HAZARD WARNING SIGNS

(Poison)



HAZARD WARNING SIGNS

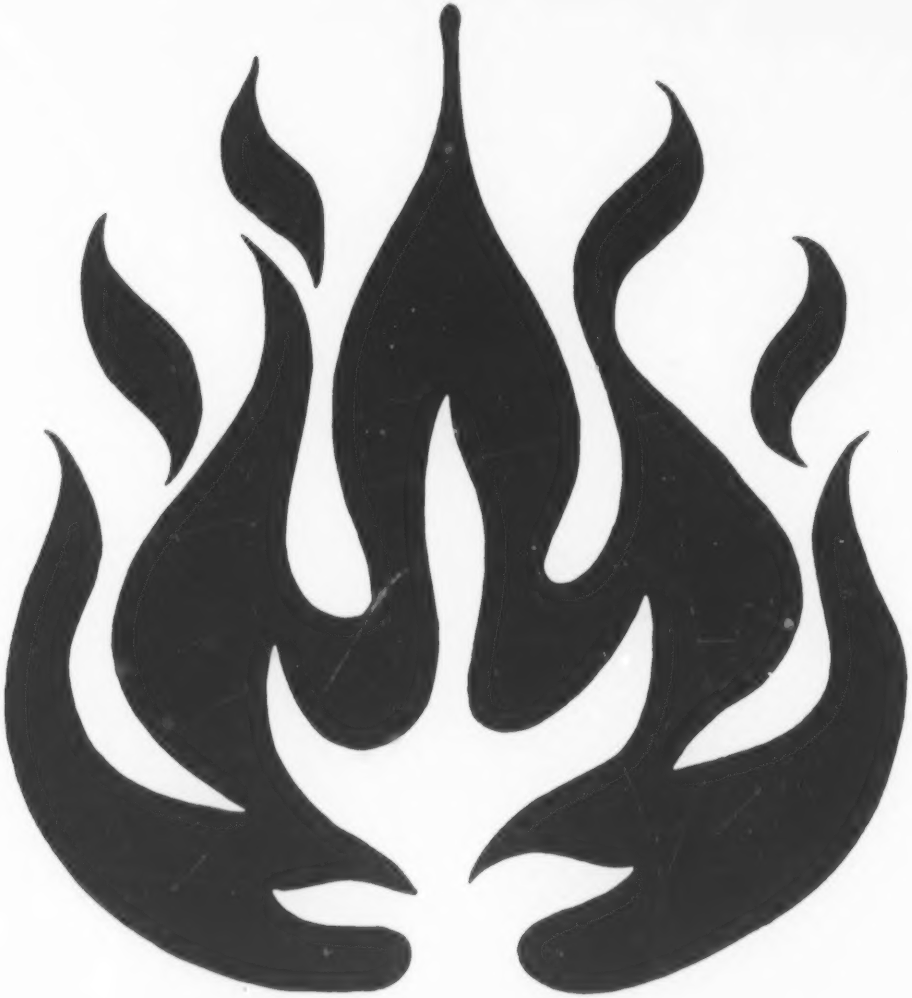
(Explosive)



HAZARD WARNING SIGNS

(Flammable)

AD 27C

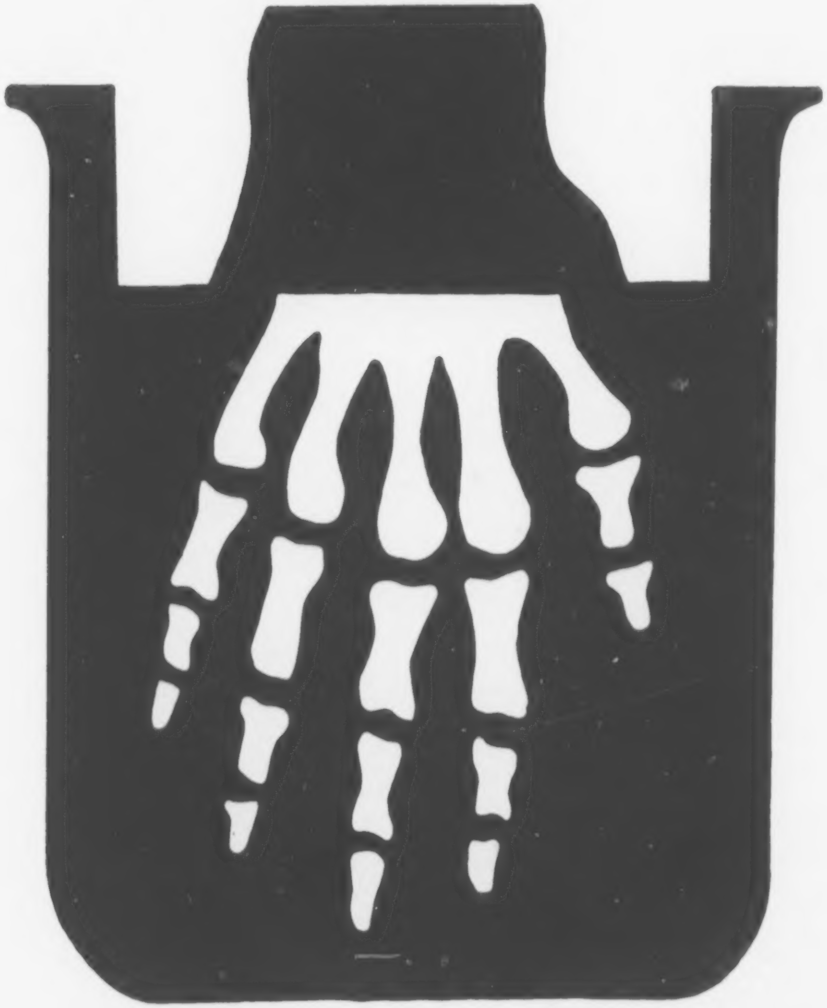


558

559

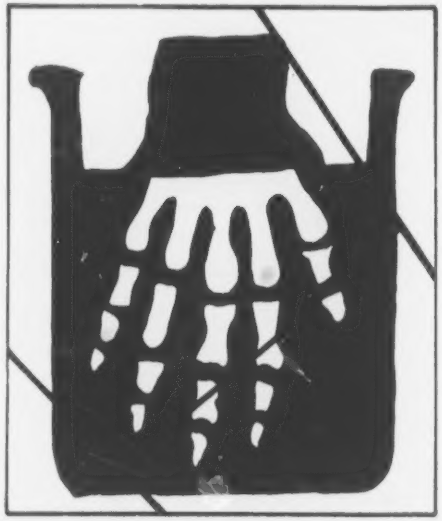
HAZARD WARNING SIGNS

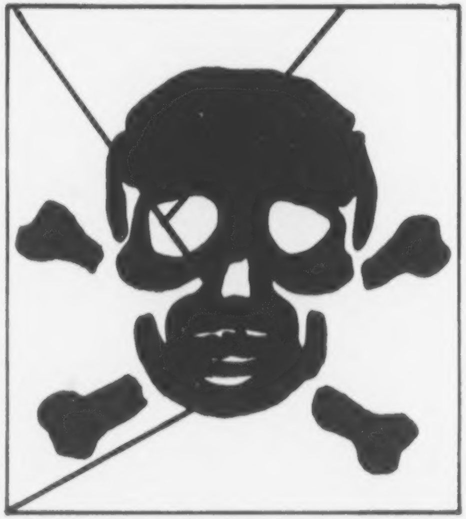
(Corrosive)

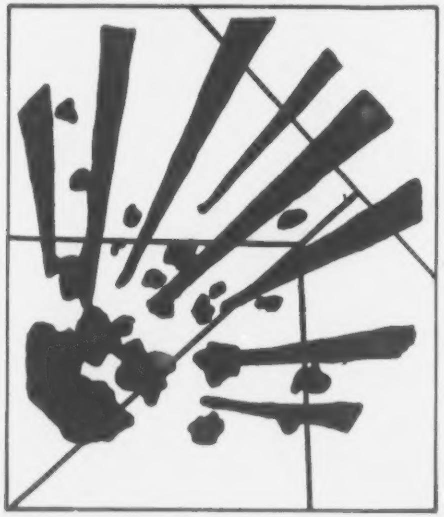


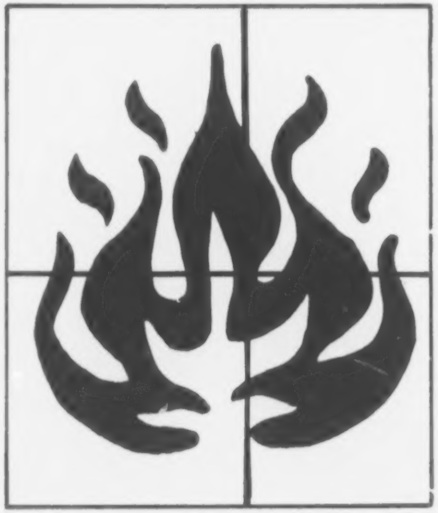
HAZARD SIGNS PUZZLE

AD 28A





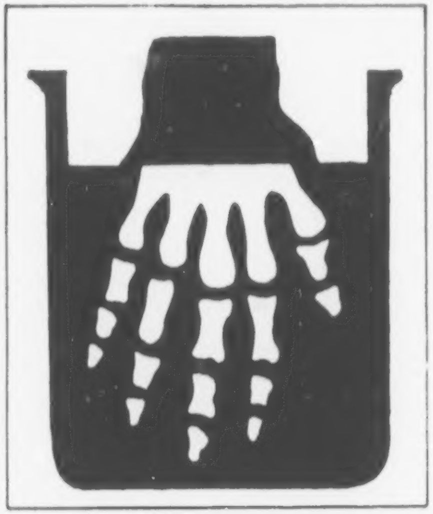
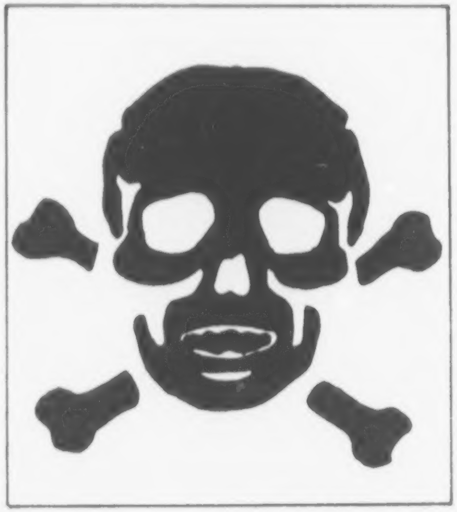
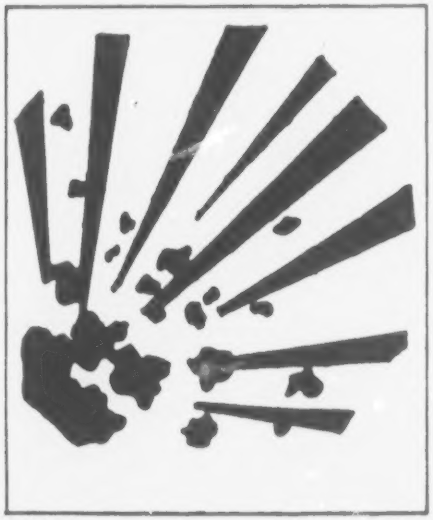
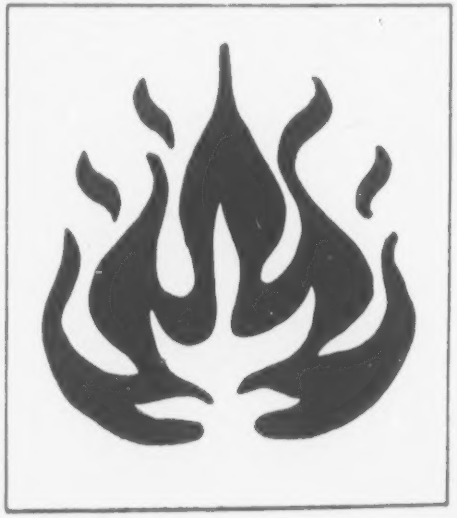




AD 28B

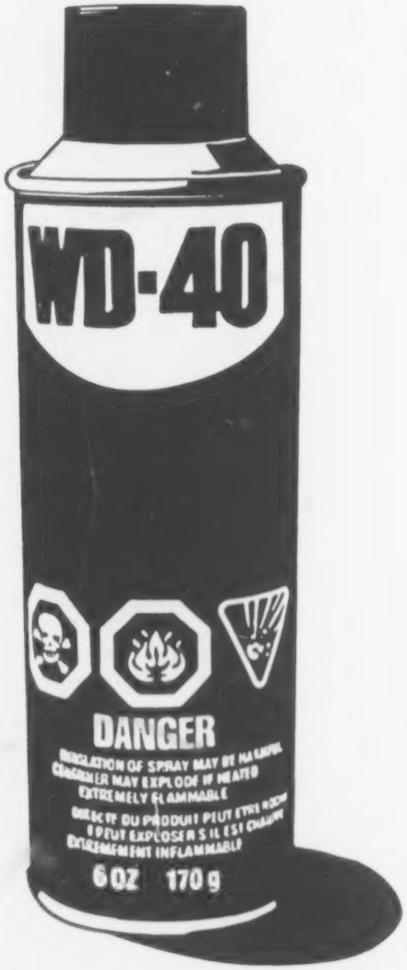
HAZARD SIGNS PUZZLE

(Teacher Answer Guide)

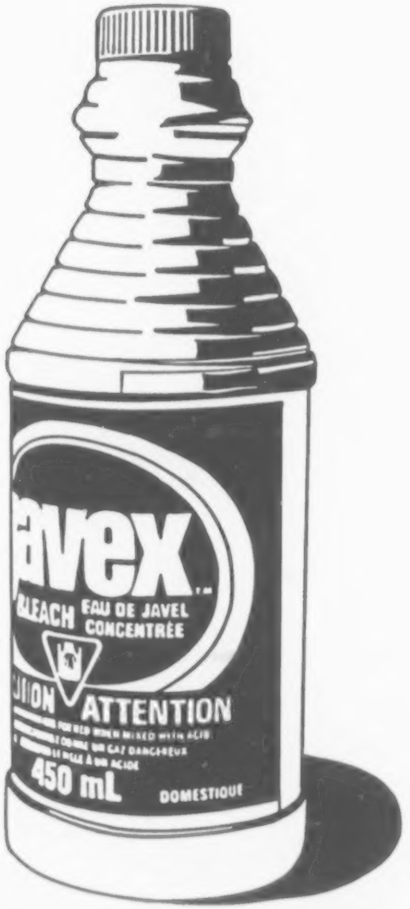
PRODUCTS WITH HAZARD WARNING SIGNS

AD 29A


WD-40
DANGER
INHALATION OF SPRAY MAY BE HARMFUL
CONTAINER MAY EXPLODE IF HEATED
EXTREMELY FLAMMABLE
DU PRODUIT PEUT ETRE NOCIF
PEUT EXPLOSER S IL EST CHAUFFE
EXTREMEMENT INFLAMMABLE
6 OZ 170 g

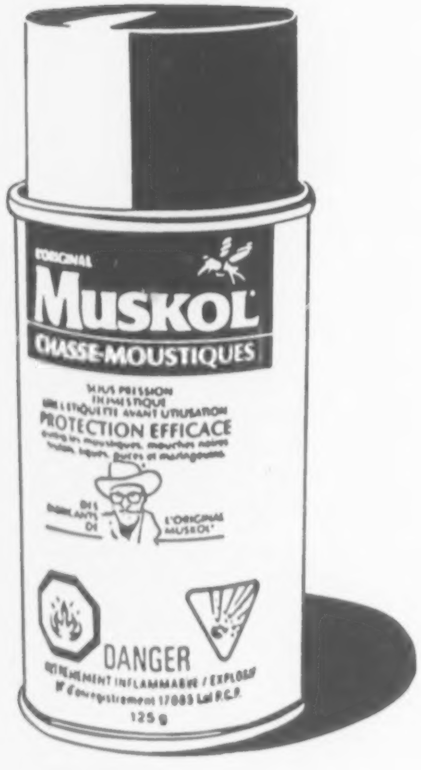
PRODUCTS WITH HAZARD WARNING SIGNS

AD 29B

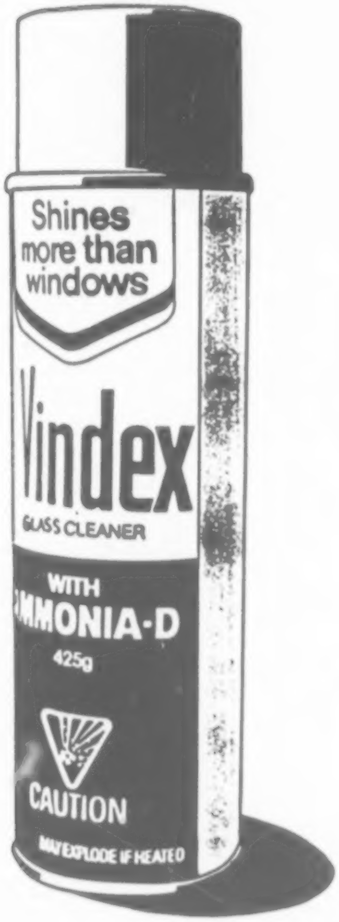

avex
BLEACH
EAU DE JAVEL
CONCENTRÉE
ION
ATTENTION
450 mL
DOMESTIQUE

PRODUCTS WITH HAZARD WARNING SIGNS

AD 29C

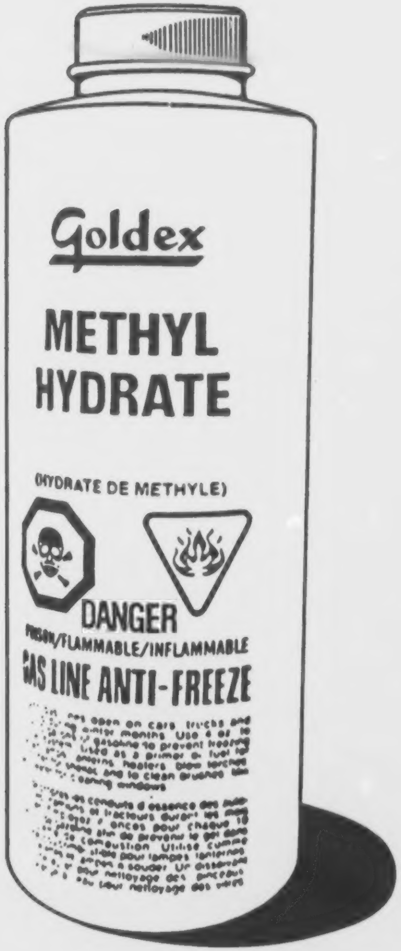

L'ORIGINAL
MUSKOL
CHASSE-MOUSTIQUES
PROTECTION EFFICACE
DANGER
125 g

PRODUCTS WITH HAZARD WARNING SIGNS


Shines more than windows
Vindex
GLASS CLEANER
WITH
MMONIA-D
425g
CAUTION
MAY EXPLODE IF HEATED

PRODUCTS WITH HAZARD WARNING SIGNS

AD 29E


Goldex
METHYL
HYDRATE
(HYDRATE DE METHYLE)
DANGER
POISON/FLAMMABLE/INFLAMMABLE
GAS LINE ANTI-FREEZE

ALCOHOL AND OTHER DRUGS

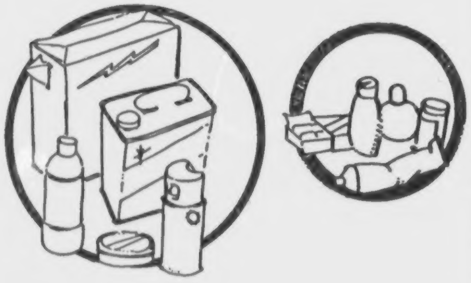
GRADE 2 **LESSON: 2** **THEME: SAFETY**

CONCEPT: NOT ALL POTENTIALLY UNSAFE SUBSTANCES HAVE WARNING SIGNS

PREPARATION:
1. Collect everyday household items that have no hazard warning signs on them e.g., paint, medicine
2. Prepare an overhead transparency of Hazardous Substances With No Warning Signs (Activity Sheet AD 30)
3. Magazines and catalogues for collage making
4. Glue, scissors, etc. for collage making

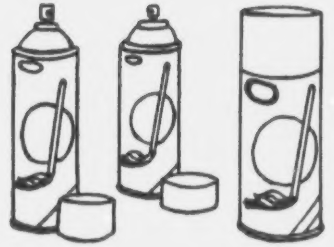
VOCABULARY: label, warning, hazardous, substances

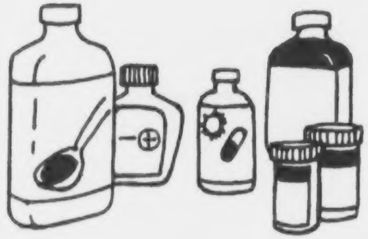
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page AD 71 to 76, AD 78 to 79
i) explain that not all potentially unsafe substances have warning signs	1. Identify and tell the meaning of each hazard warning sign.	This is a review of Lesson 1.
	2. Explain that not all things that are unsafe have warning signs.	Show students a gasoline can or other potentially dangerous container/substance which does not have a hazard warning sign. Explain to the students that the signs are one way of telling if things are dangerous, but the problem is that not everything that is dangerous has a warning sign on it.
ii) identify some common substances which may be unsafe	3. Identify some common substances which may be unsafe and discuss the dangers of each.	Refer to Activity Sheet AD 30. Show students the drawings or actual containers with no warning signs on them.

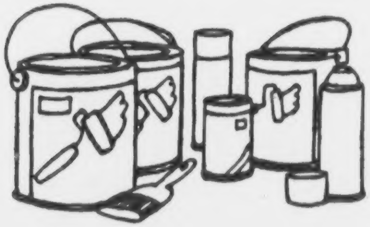
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		Discussion: - Show a poison with no label. Is it safe to eat or drink this? Discuss. - Show something flammable. Is it safe to light a match near this? Discuss. - Show something corrosive. Is it safe to let this touch your skin? Discuss. - Show something explosive. Is it safe to throw this on the fire? Discuss. - Show something which is unsafe to smell. Is it OK to smell this? Discuss. - Emphasize that if you do not know what something is, you must be very careful. Explain that the sign may tell you if something is dangerous, but there are other things that give us clues too, e.g., smell, child-proof cap, what they are used for, etc.
	4. Name some unsafe substances that they know and discuss any similarities they may have.	Brainstorm different kinds of substances which may be unsafe which are familiar to students. This should include ones which are unsafe to smell. Write the responses on the blackboard. Discuss. After brainstorming, the students can circle all the ones which have similarities, eg. all the medicines, all the supplies for cleaning the house, etc.
	5. Cut out pictures of dangerous substances and make a collage.	Using the magazines and catalogues, make a collage of dangerous substances. (Or split students into groups. Let each group make a collage for one particular category. If necessary, some categories can be grouped with others.)

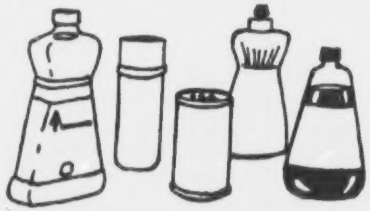
HAZARDOUS SUBSTANCES WITH NO WARNING SIGNS

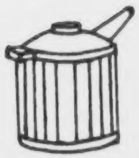
AD 30

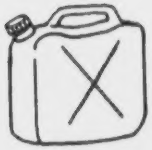


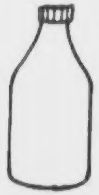


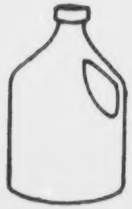












ALCOHOL AND OTHER DRUGS

GRADE 2 **LESSON: 3** **THEME: SAFETY**

CONCEPT: RULES ARE NECESSARY WHEN HANDLING POTENTIALLY UNSAFE SUBSTANCES

PREPARATION:
1. Prepare a class set of Handle With Care or make an overhead transparency (Activity Sheet AD 31A and 31B, Teacher Answer Guide)
2. Art materials for safety posters

VOCABULARY: safe, unsafe, dangerous, rule, prevent, accident, unconscious, fumes, substances

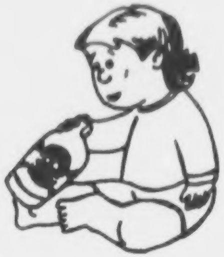
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) identify some unsafe situations involving potentially unsafe substances	Students: 1. Identify some unsafe situations.	Background Information: Page AD 71 to 76, AD 78 to 79 Refer to Activity Sheets AD 31A and 31B (Teacher Answer Guide) Distribute activity sheets to each student or show the transparency. Discussion: (for each picture) - What do you see in this picture? I see ☐ . - What is the man (child) doing? S/he is ☐ . - Is this safe? Yes. It is safe. No. It is not safe. - What do you think might happen?

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
ii) explain the rules for handling potentially unsafe substances	2. State safety rules for handling substances which might be dangerous.	Refer to Activity Sheets AD 31A and 31B (Teacher Answer Guide) For each picture discuss: - What is the rule that someone has forgotten? Alternatively, for Student Activities 1 and 2 divide students into small groups. Have each group select one of the situations on Activity Sheet AD 31A, discuss the picture using the suggested discussion questions, and report to the whole class.
	3. Identify unsafe situations, and safety rules, from personal experiences.	Have students discuss unsafe situations that they know of which involved potentially dangerous substances. Have them state rules which would promote safety.
	4. Make a poster telling people about one of the rules they have learned.	Ask the students to make a poster telling people about one of the rules, e.g., Keep medicine out of the reach of children. Don't sniff gasoline.

HANDLE WITH CARE

AD 31A

1



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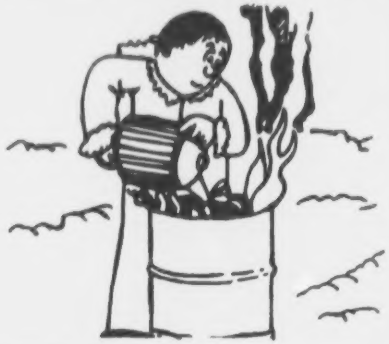

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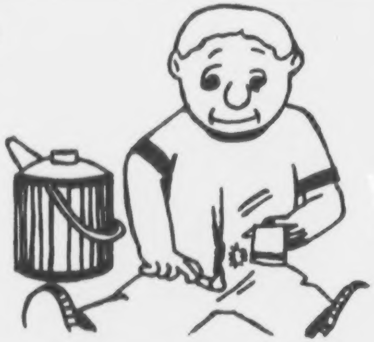

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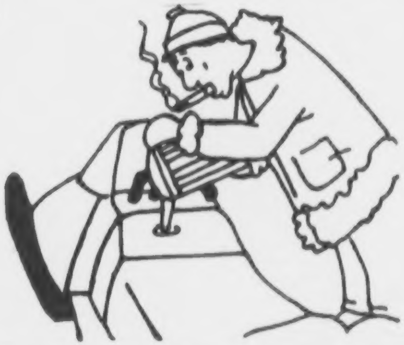

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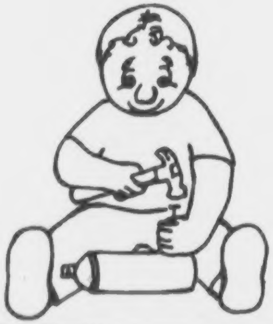

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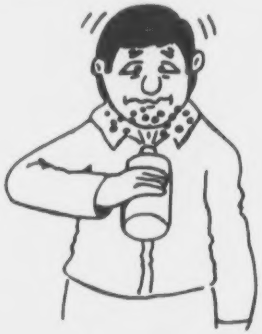

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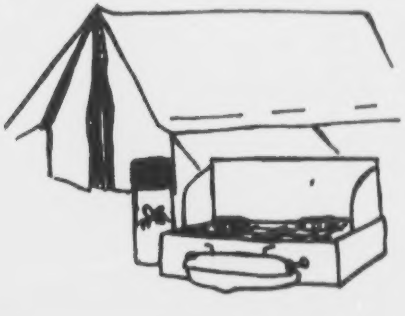

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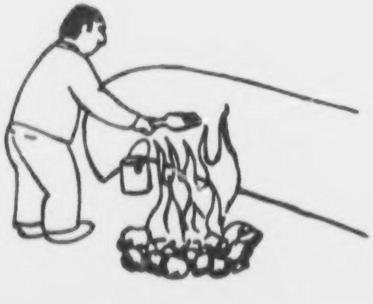

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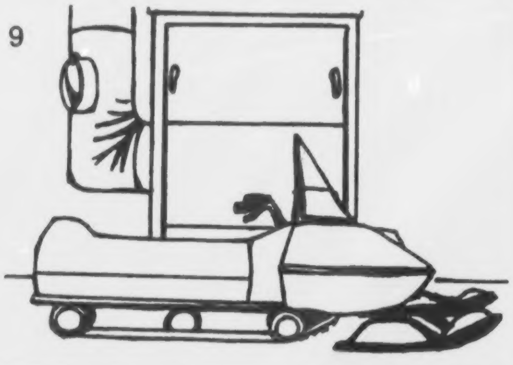

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AD 31B

HANDLE WITH CARE

(Teacher Answer Guide)

Discussion of the sheet "Handle With Care" should include the following points:

1. A small child is about to drink something with the poison warning sign on it. The child may get sick, may have to go to the nursing station, or may even die.
   RULES: All unsafe substances should be kept out of reach of small children. On all unsafe substances, lids should be kept tightly closed.
2. A man is pouring gas into a garbage can that is already burning. The flames may set the gas on fire or make it explode.
   RULES: Do not use flammable substances near the fire, even if it is only burning slowly.
3. A child is playing with matches near a container of gas. A fire may start, the house may burn or people may die. All hazardous substances should be kept out of reach of small children.
   RULES: Flammable substances should be kept away from heat and flames. Matches should be kept out of reach of small children.
4. A man is pouring gas while smoking a cigarette. Gas (and its fumes) are very flammable.
   RULES: Put out all cigarettes, pipes, etc. near gas.
5. A child is trying to make a hole in a spray can. Spray cans may explode. This may hurt people's eyes or cause blindness.
   RULES: Never make a hole in a spray can. Keep spray cans out of reach of small children.
6. A man is smelling something very closely. Fumes may make you sick, you may not be able to walk properly, you may become unconscious.
   RULES: If you do not know what something is, never smell it closely. Wave your hand over the opening of the container towards your nose.
7. A man is leaving a spray can near the Coleman stove. The can may explode when heated.
   RULES: Explosive substances should be kept away from heat sources, such as radiators, stoves, sunlight and open flames.
8. The man is painting his boat by the fire. Paint is flammable. It may go on fire.
   RULES: Flammable substances should be kept away from heat and flames.
9. Someone has left a snowmobile near the furnace. The gas in the snowmobile (or its fumes) may catch fire.
   RULES: Flammable substances should be kept away from heat and flames.

ALCOHOL AND OTHER DRUGS

GRADE 2 **LESSON: 4** **THEME: SAFETY**

CONCEPT: RULES ARE NECESSARY WHEN HANDLING POTENTIALLY UNSAFE SUBSTANCES

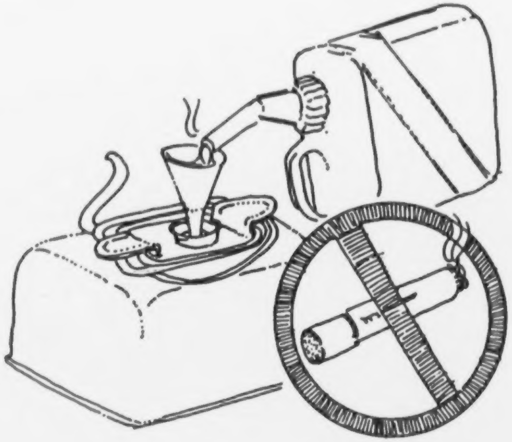
PREPARATION:

1. Prepare a class set of Trouble Spots (Activity Sheets AD 32A and 32B)
2. Prepare a class set of Parent Letter (Activity Sheet AD 33). Have it translated if necessary
3. Prepare a class set of Hazard Hunter (Activity Sheet AD 34)
4. Prepare a class set of Hazard Hunter Certificate (Activity Sheet AD 35)

VOCABULARY: keep, kept, stored, hazard, trouble

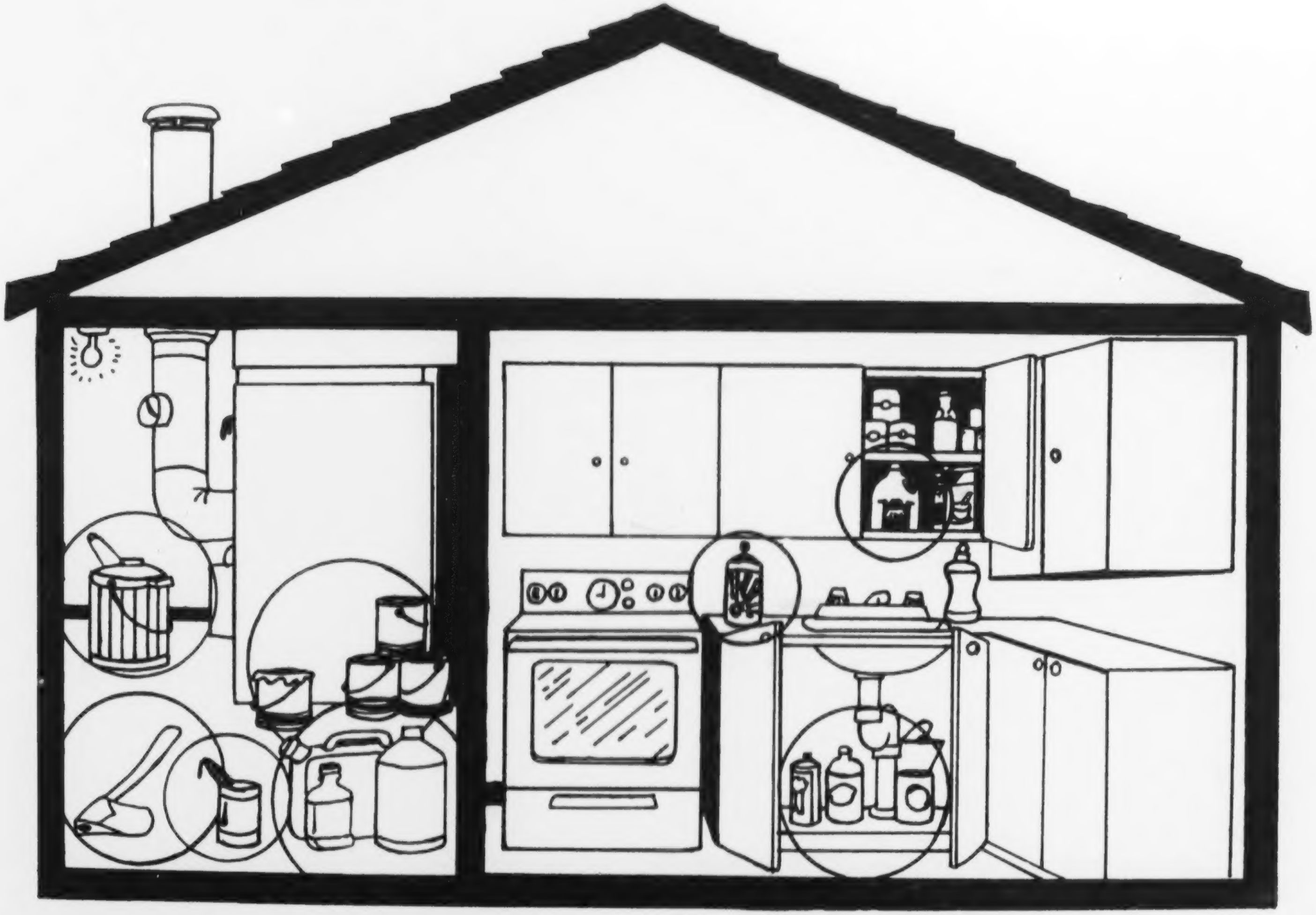
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page AD 71 to 76, AD 78 to 79
i) explain the rules for safe handling and storage of potentially unsafe substances	1. Explain the rules for safe handling and storage of potentially unsafe substances.	This is a review of Lesson 3.
ii) identify safe handling and storage of potentially unsafe substances.	2. Complete Trouble Spots worksheets.	Refer to Activity Sheets AD 32A and 32B. Distribute worksheets. Students have to put a check mark beside things which have been stored safely, and a cross beside those which are not stored safely. Discuss safe storage of those things which are unsafe.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	3. With their parents' help, look around their home and help to make it safe.	Refer to Activity Sheets AD 33 and AD 34. Distribute the letters for the parents. Explain to the students that it is to tell their parents what they have been learning at school. Distribute the "Hazard Hunter" worksheets. Explain to the students that, with their parents' help, they have to look around their home and help to make it safe. They do not have to bring the worksheets back to school.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
	4. Take home certificates for helping to make their homes safe.	NEXT DAY Discussion: - Who found substances that were stored safely? - What were they? - What did you do if you found something that wasn't stored safely? Refer to Activity Sheet AD 35. Distribute the certificates to the students for helping to make their homes safe. 

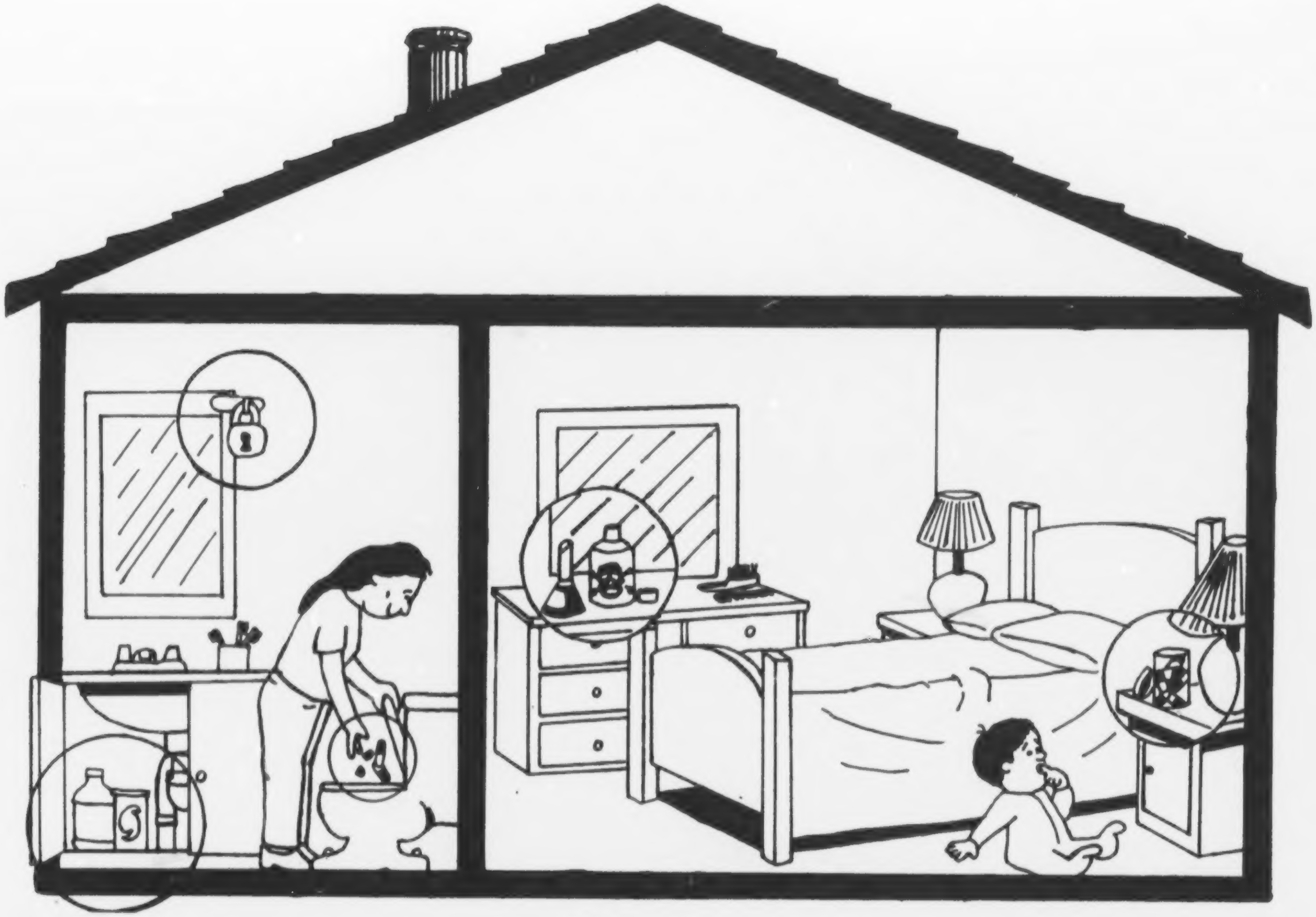
TROUBLE SPOTS

AD 32A



TROUBLE SPOTS

AD 32B



AD 33

Dear Parents:

At school, we have been learning about unsafe substances and how to store them safely. There are many things in homes which may be dangerous if not stored or handled properly. Now, with your help, we would like your child to make sure that any unsafe substances are stored safely in your home.

Your child will then be given a certificate to show that he/she helped to look for unsafe substances around the house.

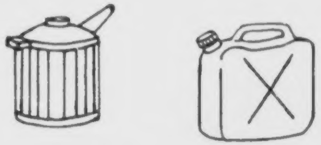
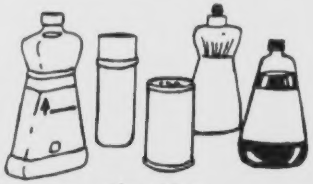
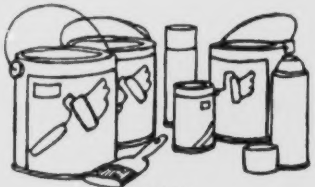
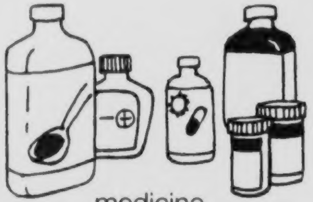
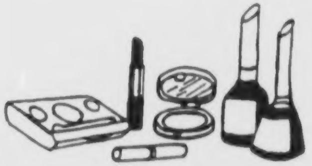
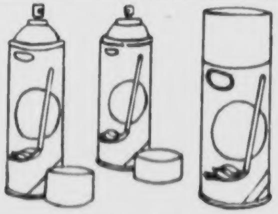
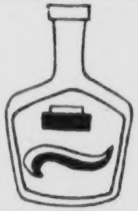
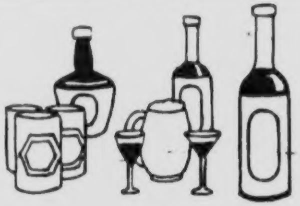
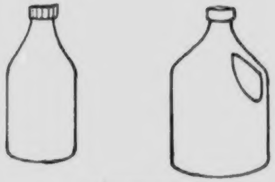
Together, we can make the children more alert to the dangers surrounding them.

Yours sincerely,

(Grade 2 Teacher)

HAZARD HUNTER

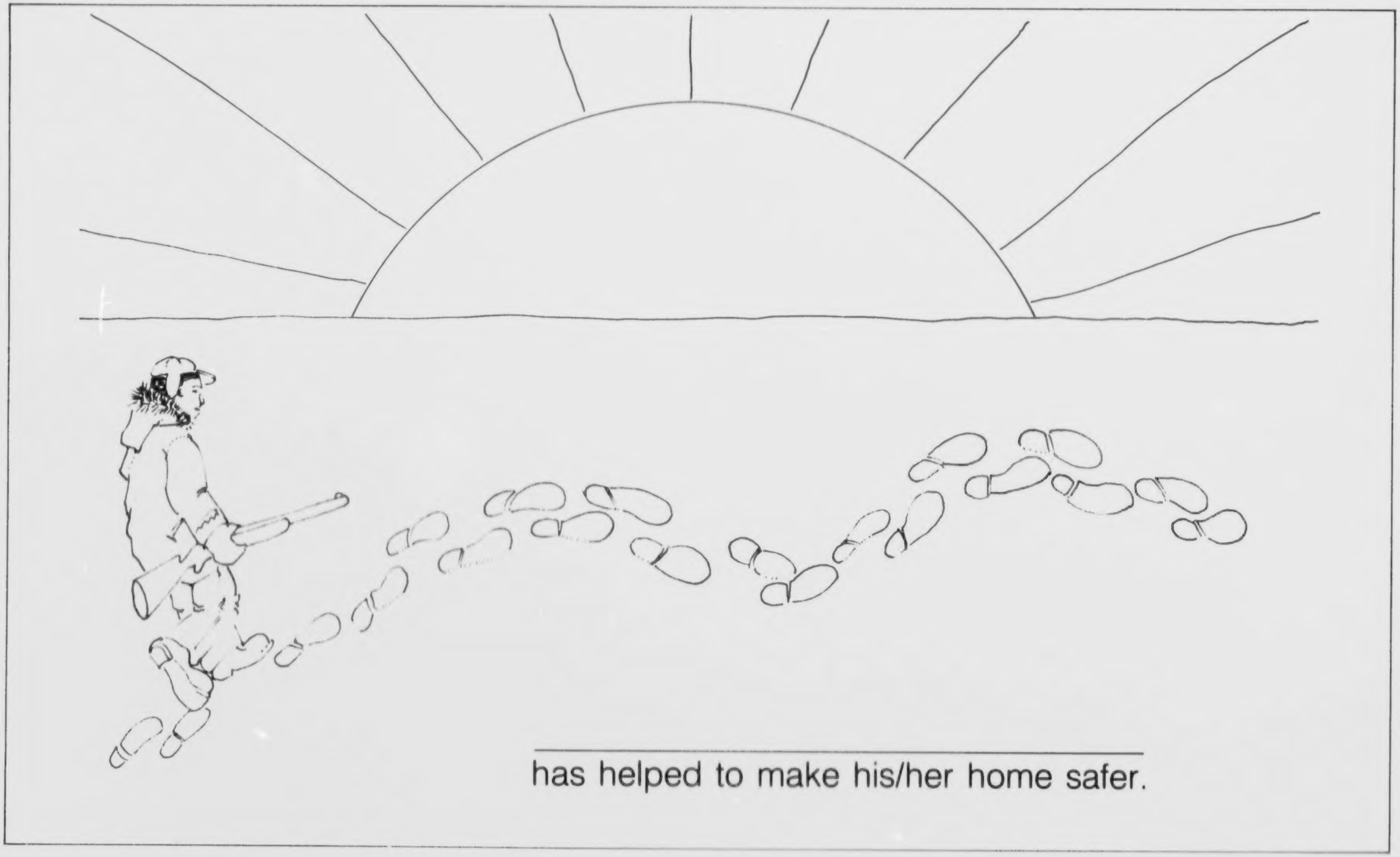
AD 34

 gas		 cleaners		 paint		 medicine	
 make-up		 spray cans		 shampoo		 liquor	
						 cleaners	

Put a check mark if the substances are stored safely.
Put a cross if they are not stored safely.
Have you moved them if they are not stored safely?

HAZARD HUNTER CERTIFICATE

AD 35



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has helped to make his/her home safer.

ALCOHOL AND OTHER DRUGS

GRADE 2 **LESSON: 5** **THEME: DRUGS**

CONCEPT: MEDICINES ARE DRUGS

PREPARATION:
1. Collect individual pictures of animals, food, meat, clothes, medicines from magazines, etc.
2. A sheet of paper with the word "animals" (and an illustration if the students need it); another with the word "clothes"; another with the word "food"; and another with the word "drugs" on it
3. A copy of the poem Medicine (Activity Sheet AD 36)

VOCABULARY: medicine, drug, clothes, food, animals, body, differently

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to:	Students:	Background Information: Page AD 76 to 78
i) identify that medicines are drugs	1. Identify individual pictures and the "family" to which each belongs.	Display the sheets of paper marked "animals", "clothes" and "food" and explain that these are three families. Show several collected pictures (e.g., boots) one at a time and have students identify which family (ie. clothes) each belongs to. Avoid showing any pictures of medicines at this point.
	2. Explain that medicines belong to the "drug family".	Show a picture of a medicine to the students. Discussion: - Do you know what this is? - Do you know the family name for medicine?

OBJECTIVES

STUDENT ACTIVITIES

TEACHER NOTES

Show the students the sheet of paper with the word "Drugs" on it. Explain that "drugs" is the family name for medicine. Ask the students if they know the word "drugs". Some students may know the word "drug store". Ask one of the students to put the picture of medicine in this family.

Continue showing the remainder of the collected pictures ensuring a large number of medicines, while students identify the family to which each belongs.

3. Tell about medicines they have taken, why they took them and what the medicines did for them.

Discussion:

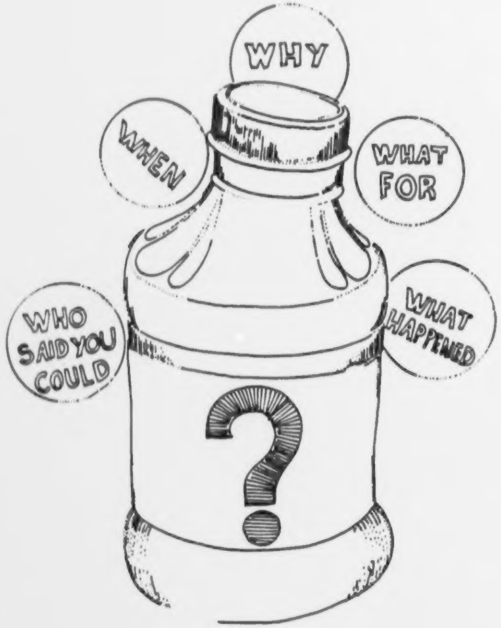
-How many students have had medicine?

- Why did you have to take medicine?

-What happens when you take the medicine? (It helps to make you feel better, because it changes the way different parts of your body work.)

Record student responses using an experience chart as shown:

Who	Why Did You Take Medicine?	Who Said You Could?	What Happened?
Sam	I had an ear ache.	The Doctor	My ear stopped hurting.
Josie	I had a cold.	My Mum	I didn't cough as much.
Susan	I had the flu.	The Nurse	I felt better.
James	I had a fever.	My Mum	My fever went down.

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		 WHY WHEN WHAT FOR WHO SAID YOU COULD WHAT HAPPENED ?
	4. Learn the poem "Medicine".	Refer to Activity Sheet AD 36. Teach verse 1 only with this lesson. Verse 2 should be added at the end of Lesson 6.

MEDICINE

AD 36

Verse 1 (Lesson 5)

When you take a medicine, it's really a drug,
And it's just what you need if you've caught a "bug".
It can take away pain. It can stop a bad cough.
It's your Mum who can tell you when you've had enough.

Verse 2 (Add this verse after Lesson 6)

When you take a medicine, it's really a drug,
And it's just what you need if you've caught a "bug".
But if you're not careful it can hurt you a lot.
It's your mum who will tell you to take it or not.

Barbara Hall

ALCOHOL AND OTHER DRUGS

GRADE 2 **LESSON: 6** **THEME: DRUGS**

CONCEPT: MEDICINES MAY BE HELPFUL BUT MAY ALSO BE HARMFUL

PREPARATION:

1. A copy of the story of "Gertrude McFuzz" (Activity Sheets AD 37A to AD 37I)
2. Art materials to make picture of Gertrude
3. Brown paper bags to make Gertude puppets
4. A copy of the poem Medicine (Activity Sheet AD 36)

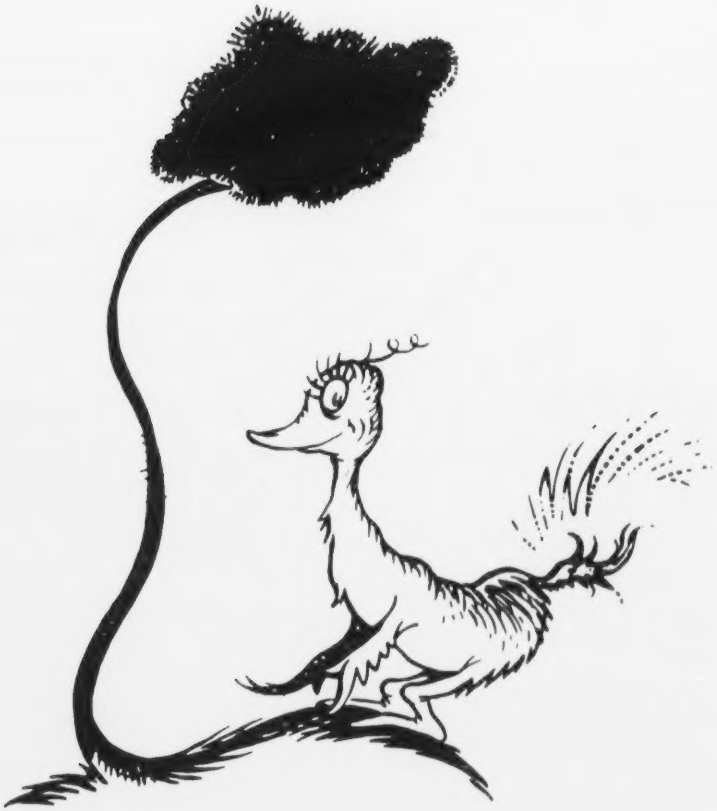
VOCABULARY: any unfamiliar words from the story

OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
Students will be able to: i) explain how medicine may be helpful	Students: 1. Listen to the story "Gertrude McFuzz". Talk about what happened in the story.	Background Information: Page AD 76 to 78 Refer to Activity Sheets AD 37A to AD 37I. Read the story, "Gertrude McFuzz" to the class. Discussion: - Gertrude had one feather. Was she happy? - Was Gertrude sick? Did she need a pill to make her better? - She ate the pill-berries and had lots of feathers. Was she happy? - She couldn't fly. Was she happy? - The doctor told her to take one pill. Did she do what he told her?

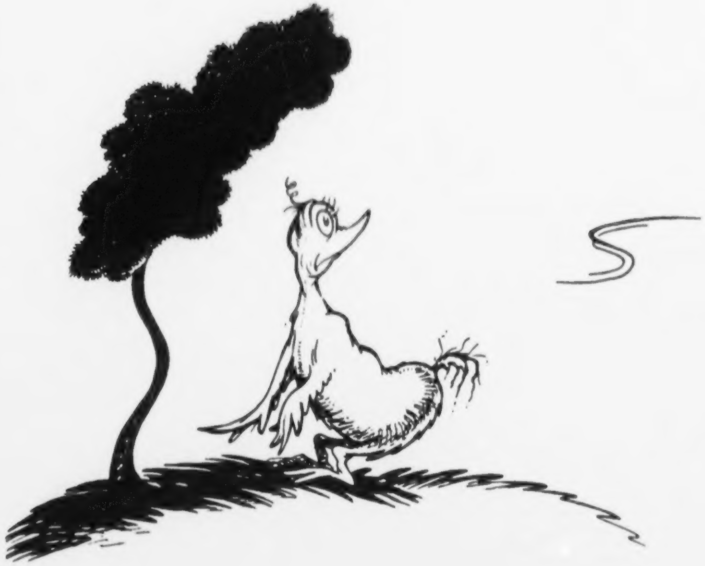
OBJECTIVES	STUDENT ACTIVITIES	TEACHER NOTES
		- Did the pills help her? - Why do you think she took the pills?
ii) explain how medicine may be harmful	2. Tell how medicine may be harmful.	Explain that medicine can help you if you are ill, but Gertrude was not ill. She was feeling bad (sad), and the pills only made her feel worse (very bad).
	3. Draw pictures of Gertrude and write a story to go with each.	Make a class picture of Gertrude - with one feather - with two feathers - with lots of feathers - with one feather again. Write a class story to go with each picture.
	4. Make Gertrude puppets.	Using brown paper bags, students can make Gertrude puppets with lots of tail feathers.
	5. Learn the poem Medicine.	Refer to Activity Sheet AD 36, from Lesson 5. Review verse 1; then add verse 2. 5

GERTRUDE MCFUZZ

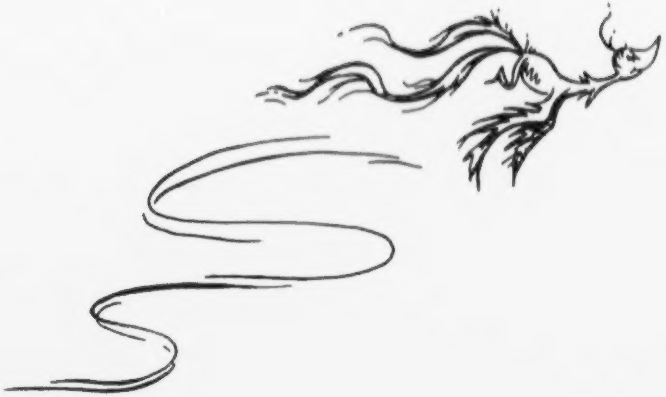
AD 37A



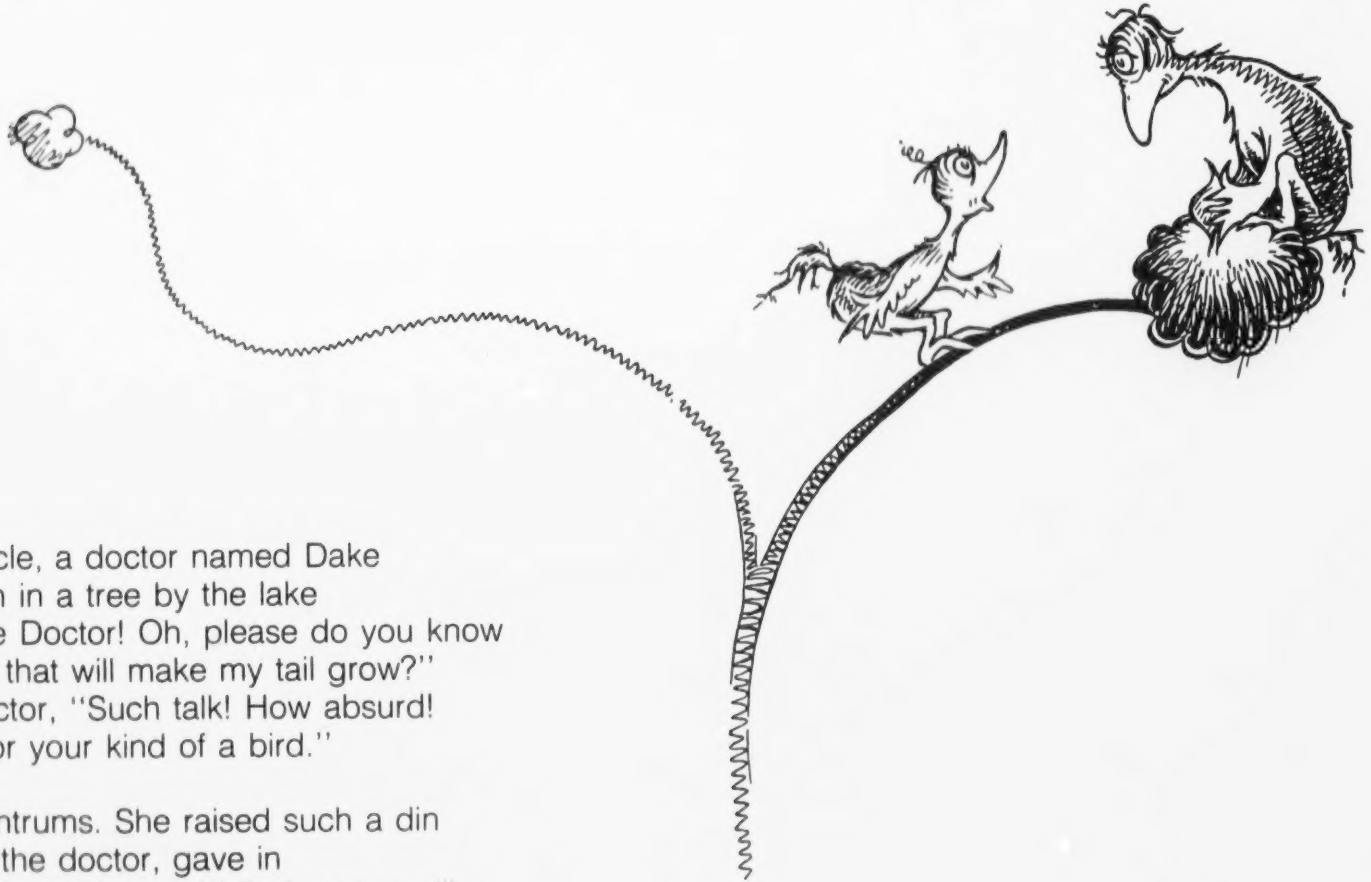
'Gertrude McFuzz' Copyright 1951, © 1958 by Dr. Seuss. Reprinted from 'Yertle the Turtle and Other Stories' by Dr. Seuss, by permission of Random House Inc.



There once was a girl-bird named Gertrude McFuzz
And she had the smallest plain tail ever was.
One droopy-droop feather. That's all that she had.
And, oh! That one feather made Gertrude so sad.



For there was another young bird that she knew,
A fancy young birdie named Lolla-Lee-Lou,
And instead of *one* feather behind, she had *two*!
Poor Gertrude! Whenever she happened to spy
Miss Lolla-Lee-Lou flying by in the sky,
She got very jealous. She frowned. And she pouted.
Then, one day she got awfully mad and she shouted:
"This just isn't fair! I have *one*! She has *two*!
I MUST have a tail just like Lolla-Lee-Lou!"



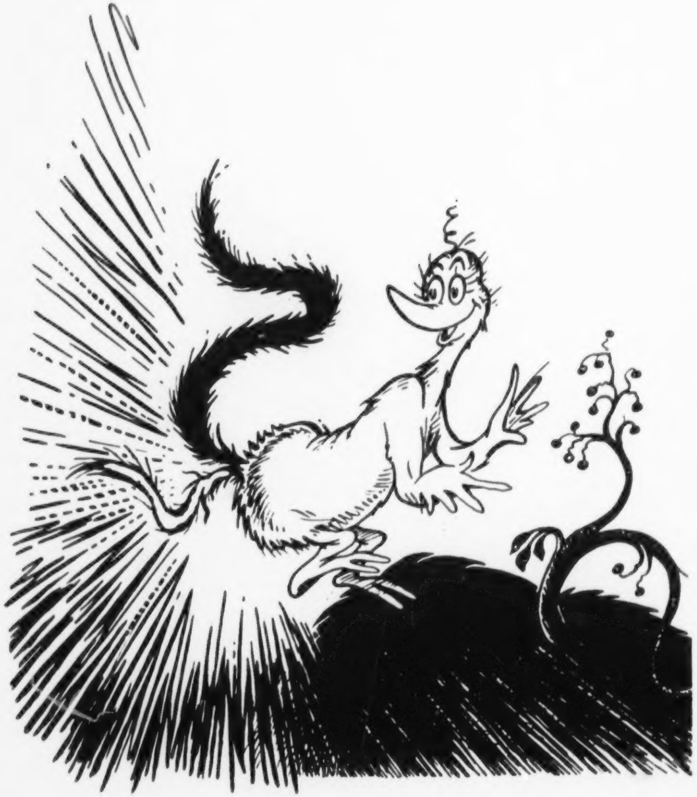
So she flew to her uncle, a doctor named Dake
Whose office was high in a tree by the lake
And she cried, "Uncle Doctor! Oh, please do you know
Of some kind of a pill that will make my tail grow?"
"Tut tut!" said the doctor, "Such talk! How absurd!
Your tail is just right for your kind of a bird."

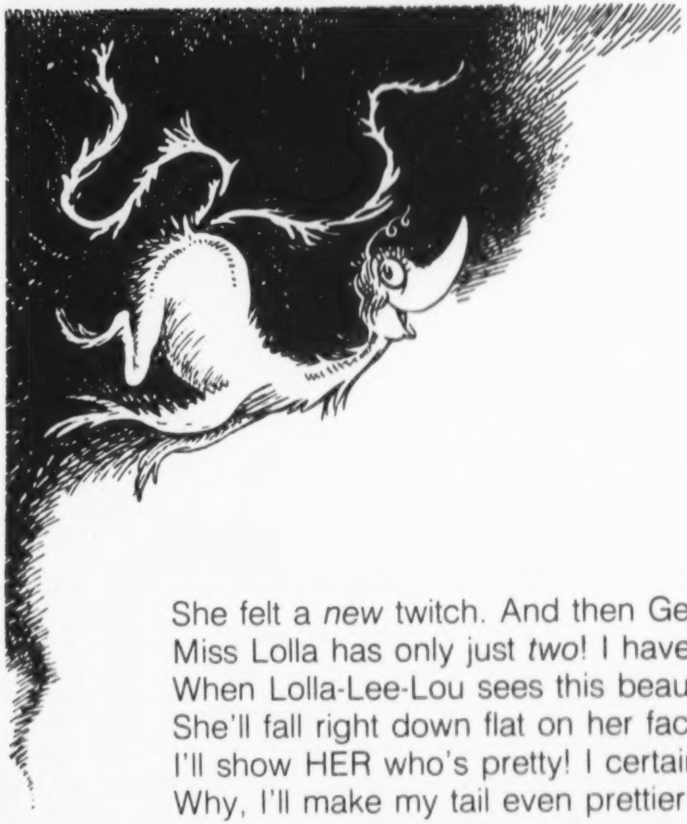
Then Gertrude had tantrums. She raised such a din
That finally her uncle, the doctor, gave in
And he told her just where she could find such a pill
On a pill-berry vine on the top of the hill.
"Oh, thank you!" chirped Gertrude McFuzz, and she flew
Right straight to the hill where the pill-berry grew.

Yes! There was the vine! And as soon as she saw it
She plucked off a berry. She started to gnaw it.
It tasted just awful. Almost made her sick.
But she wanted that tail, so she swallowed it quick.
Then she felt something happen! She felt a small twitch
As if she'd been tapped, down behind, by a switch.
And Gertrude looked 'round. And she cheered! It was true!
Two feathers! Exactly like Lolla-Lee-Lou!

Then she got an idea! "Now I know what I'll do...
I'll grow a tail *better* than Lolla-Lee-Lou!"

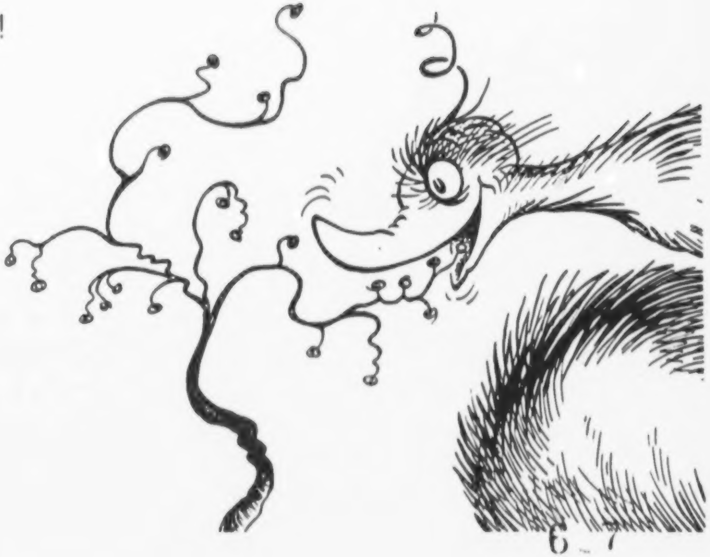
"These pills that grow feathers are working just fine!"
So she nibbled *another* one off of the vine!

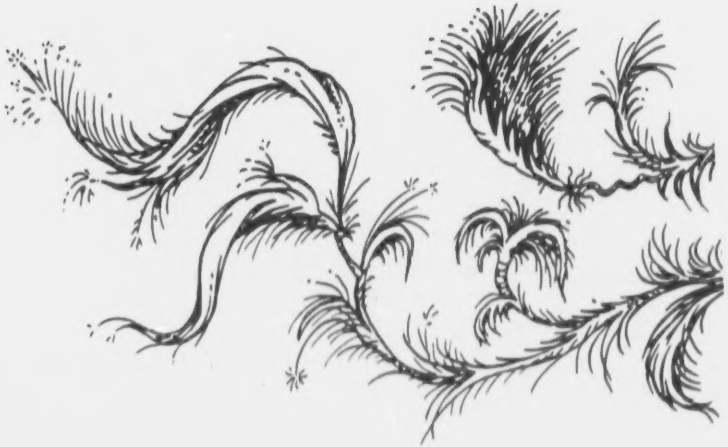




She felt a *new* twitch. And then Gertrude yelled, "WHEE!
Miss Lolla has only just *two*! I have *three*!
When Lolla-Lee-Lou sees this beautiful stuff,
She'll fall right down flat on her face, sure enough!
I'll show HER who's pretty! I certainly will!
Why, I'll make my tail even prettier still!"

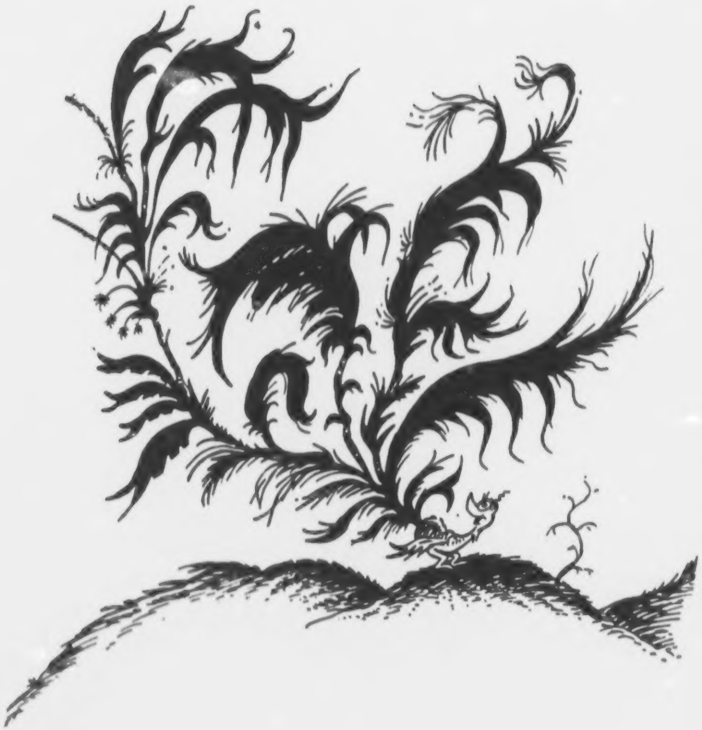
She snatched at those berries that grew on that vine.
She gobbled down four, five, six, seven, eight, nine!
And she didn't stop eating, young Gertrude McFuzz,
Till she'd eaten three dozen! That's all that there was.

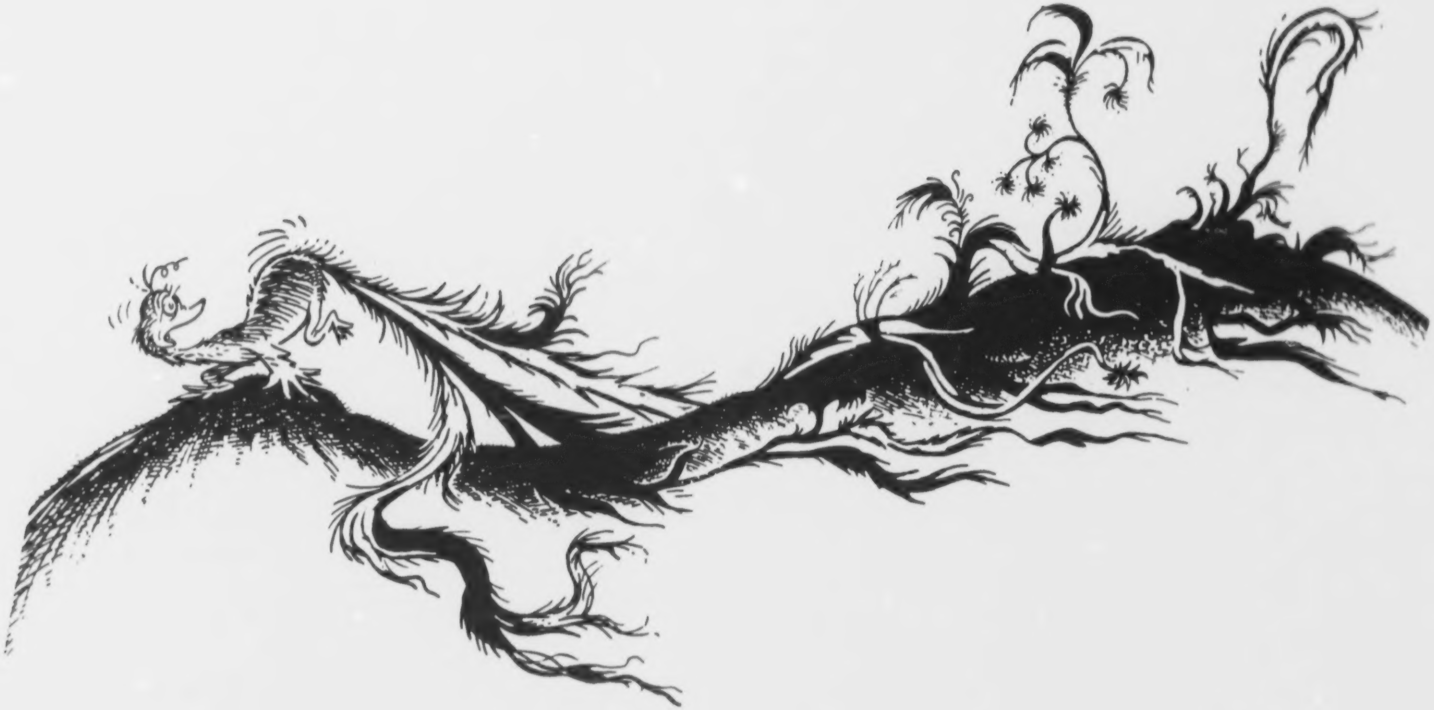




Then the feathers popped out! With a *zang!* With a *zing!*
They blossomed like flowers that bloom in the spring.
All fit for a queen! What a sight to behold!
They sparkled like diamonds and gumdrops and gold!
Like silk! Like spaghetti! Like satin! Like lace!
They burst out like rockets all over the place!
They waved in the air and they swished in the breeze!
And some were as long as the branches of trees.
And *still* they kept growing! They popped and they popped
Until, 'long about sundown when, finally, they stopped.

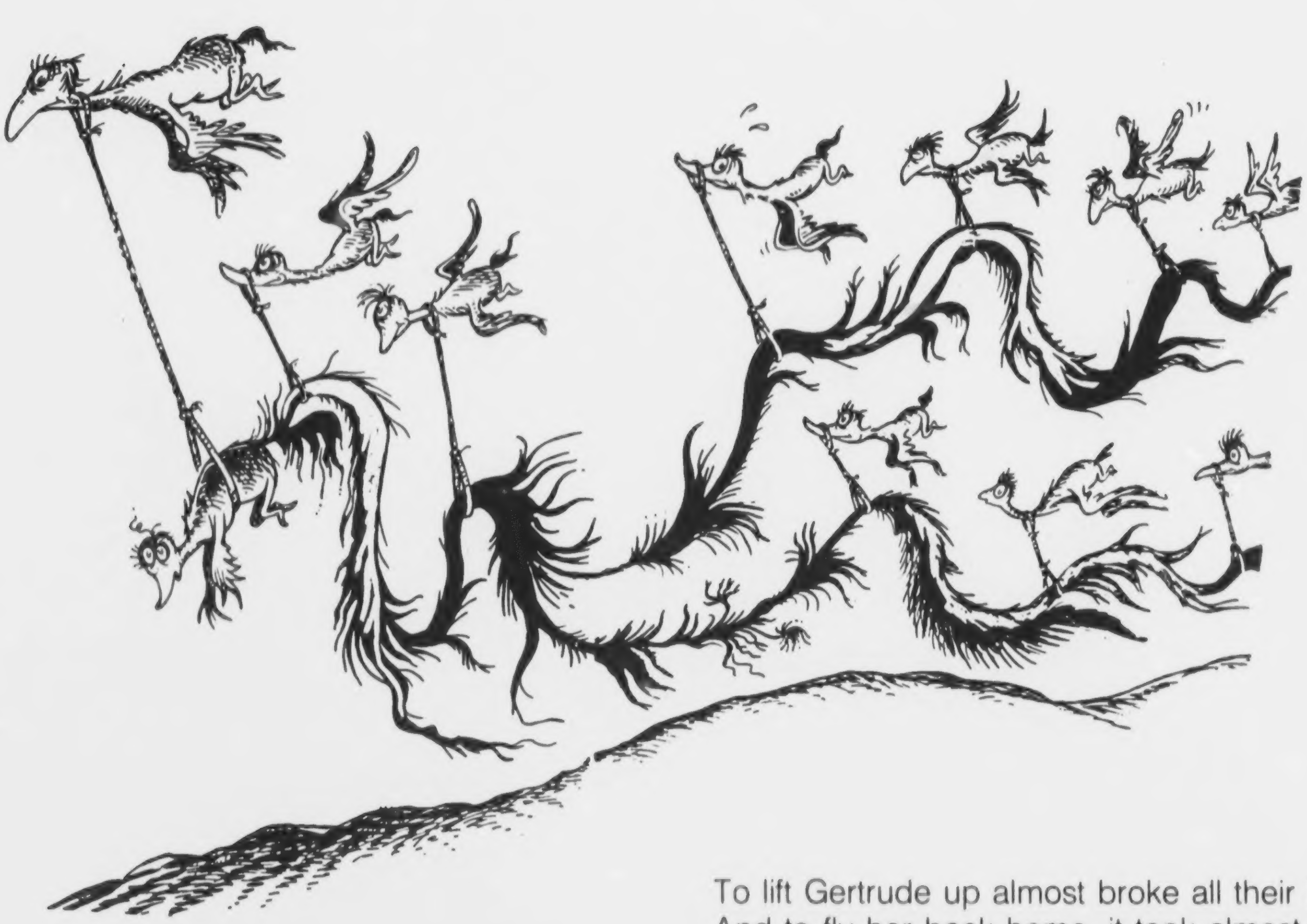
"And NOW," giggled Gertrude, "The next thing to do
Is to fly right straight home and show Lolla-Lee-Lou!
And when Lolla sees these, why her face will get red
And she'll let out a scream and she'll fall right down dead!"



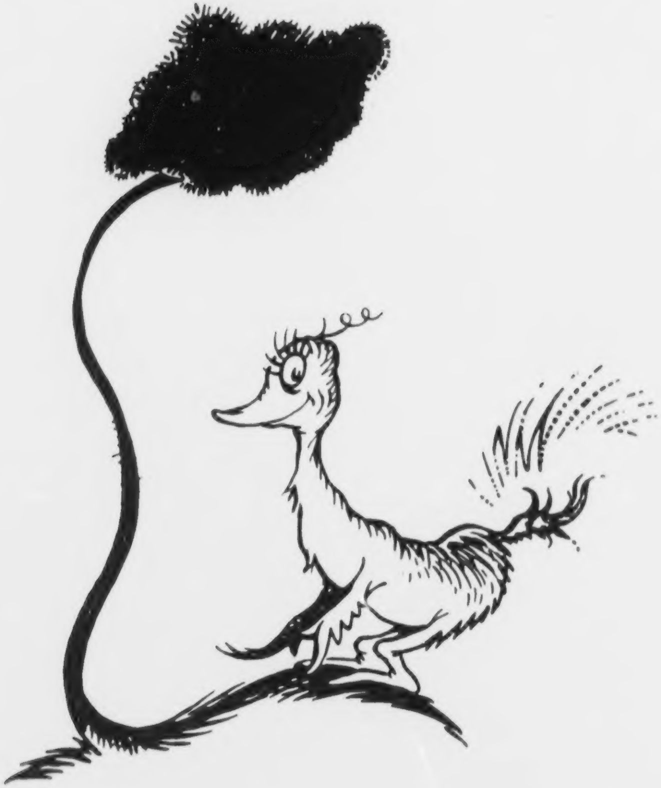


Then she spread out her wings to take off from the ground,
But, with all of those feathers, she weighed ninety pound!
She yanked and she pulled and she let out a squawk,
But that bird couldn't fly! Couldn't run! Couldn't walk!

And all through that night, she was stuck on that hill,
And Gertrude McFuzz might be stuck up there still
If her good Uncle Dake hadn't heard the girl yelp.
He rushed to her rescue and brought along help.



To lift Gertrude up almost broke all their beaks
And to fly her back home, it took almost two weeks.
And *then* it took almost another week more
To pull out those feathers. My! Gertrude was sore!



And, finally, when all of the pulling was done,
Gertrude, behind her, again had just one...
That one little feather she had as a starter.
But now that's enough, because now she is smarter.

GRADE TWO
TEACHER BACKGROUND INFORMATION

ALCOHOL AND OTHER DRUGS

Teacher Background Information
Alcohol and Other Drugs

THE MAIN THEMES

The three broad themes covered in the Kindergarten to Grade 3 portion of the Alcohol and Other Drugs Program are:

- SAFETY	(This includes the development of safe attitudes towards such things as hazardous products, medicine, etc.)
- DRUGS	(Medicines are the first drugs on which students receive information. They later learn about other drugs.)
- WELL-BEING	(One of the main goals of the program is the development of healthy lifestyles. The relationship between responsible decisions involving hazardous products, medicines and other drugs and a person's well-being is emphasized.)

Each theme is presented under a separate heading. If, for example, teachers want information on, say, poisons, they should first turn to the safety section, then locate poisons within that section.

SAFETY

Introduction

From a very early age, children can begin to develop safe attitudes towards particular situations or substances which have the potential for producing harmful results. As they learn to identify dangerous situations, or substances which may be harmful, and as they learn some of the rules associated with these, they will also begin to make responsible decisions, not only in terms of what is familiar to them, but they will also be able to deal with the unknown. In the theme on safety, students learn to recognize and handle potentially dangerous situations with regard to hazardous products, medicines and other drugs.

The most important point of these lessons on safety is that, if students do not know, or are not sure what a substance is, they should not touch it without first asking an adult whom they trust. If they are unsure about whether a specific situation is safe or unsafe, they should not participate in what is happening, again without first asking an adult.

'AN ADULT YOU TRUST' is used to signify either a grown-up whom the students know well and believe - for example, mother, father, grandmother, etc. - or someone who would have particular knowledge about these topics - for example, a health professional, such as a doctor or nurse. If children name an older brother or sister or a friend, that person would have to be old enough to have accurate information on hazardous substances, medicines, drugs, etc.

'SAFE' is used to describe an action or substance which does not hurt any person or any property.

'UNSAFE' is used to describe an action or substance which might possibly cause harm to a person or to property.

Potentially Hazardous Substances

A potentially hazardous substance is any substance which may produce harmful results. These harmful results may occur as a result of either using the substance incorrectly or using it for a purpose other than that for which it was intended. These substances are designed for a specific purpose and are safe, if used with proper care for that purpose.

The potentially hazardous substances fall into the four categories which correspond to the four hazard warning signs:

- POISONOUS
- CORROSIVE
- FLAMMABLE
- EXPLOSIVE

It is important to remember, however, that, although they correspond to the warning signs, not all potentially hazardous substances have warning signs on them. Products such as those regulated under the Food and Drug Act or the Pest Control Act are not required by law to have hazardous product symbols displayed on their labels. For example, pure acetone is regulated by the Hazardous Product Act and must be labelled with the flammable and poisonous symbols. Nail polish remover, usually a dilute form of acetone, however, is a cosmetic and is regulated under the Food and Drug Act and does not have to display any hazard warning symbols.

In the early grades, it is not necessary for the students to learn the vocabulary associated with each hazard warning sign. It is sufficient for them to understand the meaning of the signs. However, if students are capable of using the correct vocabulary, they should certainly learn it.

Methods of Identifying Potentially Hazardous Products

The following are not conclusive factors in determining if a substance is potentially harmful, however they can be used as indicators.

- A WARNING SIGN - Does the product have a warning sign on its container? Any product with a hazard warning sign on it could be dangerous.
- WHERE IT IS STORED - Is the product stored in a place where children cannot reach it, e.g. cleaning products on a high shelf? They may have been put there because they are dangerous.
- WHERE THE PRODUCT IS FOUND IN THE STORE - Is the product in the section with cleaning goods? Most household cleaners have the potential of being dangerous.
- THE DIRECTIONS FOR USE - Does the product state that certain precautions should be observed when using it, e.g. using it only in a well-ventilated area? Products which have specific cautions attached to their use are probably dangerous.
- WHAT THE PRODUCT IS USED FOR - Is it a household cleaning product, a medicine, supplies for painting or woodworking, insecticide, automotive (or similar) product, supplies for the yard, a cosmetic, an alcohol or tobacco product, a plant? All of these categories have the potential to be dangerous.
- CHILD-PROOF TOPS - Does the container have a child-proof top? If it does, it is because it could be harmful, if opened by a young child.

Children should be aware that products with any of these indicators may be dangerous. If they are unsure what something is, they should always ask an adult they trust before touching it.

Different Degrees of Danger

Although not specifically taught as a lesson, teachers should be aware that the warning signs also indicate the degree of danger which may exist. The three shapes used are the triangle, the diamond and the octagon. The more sides the sign has, the more dangerous the product might be. The triangle has three sides and means that some caution is required when handling the substance; the diamond has four sides and is a warning of more serious danger; the octagon has eight sides and indicates very serious harm or danger.

Safe Handling and Storage of Potentially Hazardous Substances

There are some generally accepted rules for safe handling and storage of potentially hazardous substances. Children should not only learn the rules, but understand why these rules are necessary, and observe them, whenever possible.

1. ALL HAZARDOUS SUBSTANCES SHOULD BE KEPT OUT OF REACH OF CHILDREN.

2. LIDS SHOULD BE KEPT TIGHTLY CLOSED ON ALL POTENTIALLY HAZARDOUS SUBSTANCES.

3. DO NOT USE FLAMMABLE SUBSTANCES NEAR THE FIRE, EVEN IF IT IS ONLY BURNING SLOWLY.

4. FLAMMABLE AND EXPLOSIVE SUBSTANCES SHOULD BE KEPT AWAY FROM HEAT AND FLAMES.

5. MATCHES SHOULD BE KEPT OUT OF REACH OF YOUNG CHILDREN.

6. NO SMOKING NEAR FLAMMABLE SUBSTANCES.

7. NEVER SMELL POTENTIALLY HAZARDOUS SUBSTANCES CLOSELY.
8. NEVER MAKE HOLES IN SPRAY CANS.
9. KEEP SPRAY CANS OUT OF REACH OF YOUNG CHILDREN.

Poisonous Substances

Because poisons, their possible effects and the rules related to them are most closely associated with medicines and other drugs, these particular substances receive the most emphasis.

A poison is generally anything which is unsafe to taste, eat or drink. (There are also poisons which are unsafe to touch, e.g. poison ivy, or unsafe to smell, e.g. carbon monoxide gas.) The consequences of swallowing, or otherwise coming into contact with, a poison extend from a mild feeling of nausea, to more violent feelings of illness, to death.

The importance of children learning about poisons and rules related to everyday products cannot be over-emphasized. As more and more toxic household and industrial products appear, so are children more likely to come into contact with them. Our homes abound with potential dangers for our children - in the bathroom, under the sink, in basements, closets, garages and on and on.

Every year, thousands of young children die from accidental poisonings. In recent years the 10 most common items accidentally swallowed by young children were:

1. Children's A.S.A.
2. Bleach
3. Adult A.S.A.
4. Diaper-pail deodorizer
5. Chocolate-flavoured laxative
6. Children's fever drops
7. Cough syrup
8. Tranquilizers

9. Birth control pills
10. Cigarette butts

(Data supplied by the Hospital for Sick Children, Toronto)

Injuries, accidents and poisonings are one of the five most common reasons for visits to the Nursing Stations or hospitals in the Northwest Territories.

There are two main ways of reducing accidents related to poisons - one is to make children aware of the more common household poisons and the dangers associated with them; the other is to keep them out of the reach of young children preferably locked away, since young children like to climb and explore.

Areas which are most likely to contain poisons are the bathroom, the kitchen, the laundry room, the living room, the bedroom, the garage or shed and the basement or furnace room.

The Poison Warning Sign

The universal POISON warning sign is:

Examples of products which carry the POISON warning sign are listed below:

- methyl hydrate
- gasoline (in a proper container)
- wood stain
- antifreeze
- turpentine
- Pledge furniture polish
- bug spray (not in an aerosol can)

Poisons With No Warning Signs

There are, however, many common poisons which have no warning signs. Some of these are hair dye, moth balls, medicines, methyl alcohol, bleach, plants and berries. Although there are no poisonous berries in the Arctic, there are berries in the southern Northwest Territories which, if eaten, may make people feel ill.

A common cause of accidental poisoning is because people often keep potentially harmful substances in containers which were not intended for storing that particular substance and which are meant for harmless substances. This leads to confusion, for example, if a substance like gas is stored in a soft drink bottle. The container is unlikely to be labelled correctly. This means it is difficult to identify exactly what is in the container. Children should learn to be suspicious of the contents of soft drink bottles in places such as the garage or furnace room.

Some Potentially Dangerous Household Poisons

CLEANING, BLEACHING AGENTS
Metal cleaners and polishers
Detergents
Ethylene glycol
Dry cleaning fluids
Amyl acetate
Benzine
Carbon tetrachloride
Ammonia
Copper and brass cleaner
Turpentine
Cleaning fluids
Alcohol
Oxalic acid
Kerosene
Methyl alcohol
Naphtha
Petroleum distillates
Window washing fluid
Drain cleaners
Typewriter cleaner
Aerosols
Oven cleaner
Bathroom bowl cleaner
Gun cleaners
Lighter fluid
Bleach

SOLVENTS
Paint remover
Wax remover
Grease spot remover
Lacquer remover
Nail polish remover
Paint thinner
Carbon tetrachloride
Kerosene
Methyl alcohol
Methanol
Turpentine
Lighter fluid
Petroleum products
White out

POLISHES AND WAXES
Nail polish
Furniture wax/polish
Car wax
Kerosene
Silver polish
Pine oil
Mineral oil
Turpentine
Naphtha
Paint

MISCELLANEOUS HOUSEHOLD PRODUCTS AND CHEMICALS
Epoxy glue
Model cement
Garden sprays
Insecticides
Pesticides
Strychnine
Herbicides
Rat Killers
Wax crayons
Inks
Fire extinguishing fluids
Rug adhesive
Rodenticides
Antifreeze
Carburetor cleaners
Gasoline
Anti-rust products
Deodorizing tablets
Plant food
Leather polishes and dyes
Shoe cleaners and polishes
Jewellery cleaners and cements
Laundry blueing

COSMETIC PREPARATIONS

- Nail polish remover
- Dandruff shampoo
- Eye make-up
- Nail polish
- Corn and wart remover
- After shave
- Shaving lotions/creams
- Hair lotions
- Suntan lotions
- Resins
- Cuticle removers
- Cologne
- Permanent-wave solution
- Bubble bath
- Hair dyes/tints
- Hair remover
- Neutralizers
- Lacquers
- Skin preparations
- Plasticizers
- Hair sprays
- Perfume

DRUGS AND MEDICINES

- Narcotics
- Antiseptics
- Vitamins
- A.S.A.
- Iron medicines
- Pain killers
- Clinitest tablets
- Rubbing alcohol
- Corn and wart remover
- Iodine
- Tranquilizers
- Birth control pills
- Laxatives
- Children's fever drops
- Cough syrup

(Most of the items in this category are only poisonous when taken orally by accident or in excess.)

PLANTS/BERRIES

AD 75

Important Factors About Poisonous Substances

The most important factors for children to remember when they see a substance with a POISON warning sign are:

- IT IS NOT SAFE TO TASTE, EAT OR DRINK IT.
- IF SWALLOWED, IT MAY MAKE A PERSON ILL.
- IF SWALLOWED, IT MAY CAUSE THE PERSON TO DIE.
- NEVER TASTE ANYTHING WITH THIS SIGN ON IT.
- NEVER TASTE ANYTHING IF YOU DON'T KNOW WHAT IT IS.

Medicines Can Be Poisonous

Students learn that there may be benefits derived from taking medicines, if someone is ill. However, medicines are also one of the most commonly accidentally swallowed substances and can be extremely dangerous if not used properly. To ensure that children do not take medicine on their own, medicine must be stored safely where children cannot reach it, preferably in a cabinet which can be locked.

It may be possible to arrange a visit to the local nursing station or drug store, where the students can see for themselves how medicine is stored correctly in these places.

Children also learn that they should never take medicine on their own or from a friend. They should take medicine only from an adult they know well and trust, or from a professional health care person. These people know which medicine children should take, and also how much medicine they should take. If children take the wrong medicine or the wrong amount, they may become very ill.

The labels on jars or bottles of medicines are very important. They contain information on whom the medicine is for, what kind of medicine it is, how much should be taken, when it should be taken and also an expiry date, since the effect of the medicine changes with time.

The Rules for Medicine

To lessen the dangers of children being poisoned by swallowing medicine accidentally, there are certain basic rules which should be followed.

1. NEVER TAKE ANYONE ELSE'S MEDICINE.

   Every person is different. A medicine that works for one person may not work for another. It may make the other person ill.

2. FOLLOW THE INSTRUCTIONS ON THE LABEL.

   The label tells what kind of medicine it is, how much to take and when to take it.

3. USE MEDICINE ONLY IF YOU NEED IT.

   Medicines contain drugs and may be dangerous, because they change the way the body works. There are other ways of making people feel better - a hug, going for a walk, lying down.

4. CHILDREN SHOULD TAKE MEDICINE ONLY FROM AN ADULT THEY TRUST.

   Medicines may be dangerous. Children do not know which medicine to take, nor how much to take. They should not take medicine either from a friend their own age or a stranger.

5. KEEP MEDICINE OUT OF REACH OF SMALL CHILDREN.

   Medicine is often brightly coloured and looks attractive to a young child. Young children cannot tell the difference between candy and pills. To avoid the possibility of young children taking medicine accidentally, it should be stored where they cannot reach it.

6. NEVER USE MEDICINES THAT ARE OUT OF DATE.

   Medicines change over time. If they are old, they may not work in the same way, and may cause harmful reactions.

7. ALWAYS THROW OLD MEDICINE AWAY IN THE TOILET, NEVER IN THE GARBAGE.

   Medicine which is not disposed of carefully may be found by young children and swallowed accidentally.

8. ALWAYS TAKE MEDICINE IN A ROOM THAT IS WELL-LIT WHERE THE LABEL CAN BE CLEARLY READ.

   It is easy to confuse medicines which may look similar. It is also important to be able to read clearly the instructions on the label. The label contains important information about the medicine.

Mistaking Medicines for Candy

A common reason for children accidentally taking medicine is because of its appearance. Many medicines are brightly coloured or are in shapes which are attractive to children, e.g. children's vitamins. Young children are accustomed to thinking that anything which is bright, sugar-coated etc. must taste good and, therefore, is safe to eat. A mistake which adults often make is to encourage children to think of medicine as candy or to suggest that it tastes like candy.

Exlax chocolate laxative is a very good example of candy and medicine looking alike. When asked what the laxative is, children will almost always identify it as a chocolate bar.

If the children find candies, they should not taste them without first checking with an adult they trust if they are safe to eat.

Another danger that children should be aware of is that of accepting candies from a person whom they do not know well. The person may be offering them some kind of pills. Children should be taught to tell an adult they trust about any such incidents.

Different Kinds of Medicines

Depending on the community, medicine is obtained from different sources. In some communities, the nurse or doctor at the nursing station gives out medicine, when it is required; in other larger communities, the doctor will write out a prescription which the person must take to the drug store for the druggist to then give out the medicine. In some communities, local people may use parts of plants or animals from the land and make these into medicines, but there are usually only a few people in the community who have that particular knowledge, and other people would consult with them. All these cautions are observed because of the potential danger of the medicines.

In most communities, some kinds of medicines can be bought over-the-counter at the local store, e.g. Aspirin, cough syrup, etc. Although these medicines are readily available, they too can be dangerous, if not used properly.

It is not necessary for the students to know the vocabulary associated with the different kinds of medicines. It is sufficient for them to understand that there are different kinds of medicines, that we get them from different places and that they may all be harmful if not used correctly.

PRESCRIPTION MEDICINE

- obtained by prescription from medical personnel

NON-PRESCRIPTION MEDICINE

- purchased directly from a store, without requiring a prescription

TRADITIONAL MEDICINES

- obtained from plant or animal sources

- NOTE - Traditional medicine is an integral part of native culture - it should be considered as such and must be treated with respect. Teachers should understand that not all people who are knowledgeable about traditional medicines are willing to discuss them, particularly with non-native people. It is important for teachers to respect such feelings, and where information on traditional medicines is not available from local people, students should be simply made aware that, for some people, this is another source of medicines. Any lesson on traditional medicines should involve local elders or respected community members knowledgeable in this area.

Drug Stores in the N.W.T.

In most communities in the Northwest Territories, drugs are given out by personnel in the nursing stations. The larger communities, however, have drug stores. These drug stores are located as follows:

- YELLOWKNIFE
- INUVIK
- IQALUIT
- HAY RIVER
- FORT SMITH

Corrosive Substances

The Corrosive Warning Sign

The universal CORROSIVE warning sign is:

Examples of products which carry the CORROSIVE warning sign are listed below:

- chlorine bleach
- toilet bowl cleaner
- drain cleaner
- paint stripper
- oven cleaner
- metal polish
- tire cleaner

Important Factors About Corrosive Substances

The most important factors for children to remember when they see a CORROSIVE warning sign are:

- IT MAY HURT THE EYES OR SKIN.
- IT MAY GIVE A PERSON BLISTERS.
- IT MAY BURN THE SKIN.
- NEVER LET ANYTHING WITH THIS SIGN TOUCH YOUR SKIN OR EYES.
- NEVER TOUCH ANYTHING WITH THIS SIGN.

Flammable Substances

The Flammable Warning Sign

The universal FLAMMABLE warning sign is:

Examples of products which carry the FLAMMABLE warning sign are listed below:

- cleaning solvent
- paint remover
- rubber cement
- wood stain
- paint thinner
- fondue fuel
- automobile, snowmobile or motor bike products

Important Factors About Flammable Substances

The most important factors for children to remember when they see a FLAMMABLE warning sign are:

- IT MAY CATCH FIRE.
- IT MAY BURN YOU OR YOUR CLOTHES OR YOUR HOUSE.
- NEVER LET ANYTHING WITH THIS SIGN NEAR HEAT OR FLAMES.
- NEVER PUT NEAR A FIRE.

Explosive Substances

The Explosive Warning Sign

The universal EXPLOSIVE warning sign is:

Examples of products which carry the EXPLOSIVE warning sign are listed below:

- most products in metal containers designed to be released under pressure (spray cans)
- insect spray
- furniture polish
- rug cleaner

Important Factors About Explosive Substances

The most important factors for children to remember when they see the EXPLOSIVE warning sign are:

- IT MAY BLOW UP.
- IT MAY EXPLODE.
- NEVER PUT ANYTHING WITH THIS SIGN NEAR HEAT OR FLAMES.
- NEVER PUT SPRAY CANS NEAR HEAT OR FLAMES.
- NEVER PUT HOLES IN SPRAY CANS.
- NEVER PUT NEAR FIRE.

DRUGS

What Are Drugs?

When someone uses the word 'drugs', many people immediately think of illegal drugs, such as marijuana. The word 'drugs', however, has a much broader meaning.

The simplified definition of a drug is used for the elementary portion of the program:

ANYTHING THAT IS PUT INTO THE BODY THAT MAKES IT WORK DIFFERENTLY.

This would include such products as toothpaste, deodorant, mouthwash, medicines - all of which change the way the body works, and which do, in fact, contain drugs.

Since medicines are often the first drugs with which students may have contact, the concept of what a drug in the broadest sense is begins with a look at medicines. Medicines and the effects they have on a person's body are familiar to the students. Most students will know, for example, that if a person takes an Aspirin for a headache, the usual effect is for the headache to go away. In other words, the Aspirin somehow changes the way the body is working. Students learn that all medicines contain drugs.

Food can also have an effect on how the body works, but it is important to emphasize to students that drugs cause changes that are different from the way the body works NORMALLY. These changes may, or may not, be evident to the eye.

There are many other commonly-used substances which contain drugs and belong to the drug family. These include glue, gas, cola drinks, coffee, chocolate products, tea, cigarettes, other tobacco products, and alcohol.

When teachers are discussing drugs with their classes, some students may list marijuana, cocaine and other illegal drugs. They will often have been exposed to these on television. Although the materials for the early grades do not include references to illegal drugs, teachers should be prepared to include them in a list of members of the drug family, if students themselves bring them up.

The Effects of the More Common Drugs

The effects of drugs on the body (i.e. how they make a person's body work differently) have to be very much simplified for students in the early grades to understand.

The following is a simplified list of the effects of the more common drugs:

i) gas, glue, paint fumes (other solvents)
   - dizziness
   - sickness
   - sneezing, coughing
   - headaches
   - strange behaviour

ii) caffeine (found in cola drinks, coffee, tea, hot chocolate, chocolate)
   - brain works faster
   - hand shakes
   - sleeplessness

iii) nicotine (found in cigarettes, tobacco, chewing tobacco, snuff)
   - brain works faster
   - coughing
   - spitting
   - heart works harder

iv) alcohol (found in all spirits and alcoholic beverages - also found in a different form in substances such as anti-freeze)
   - brain slows down
   - slurred speech
   - difficulty walking properly
   - strange behaviour

v) medicines
  * the effect of each medicine is different, depending on what drug it contains

Because drugs are able to change the way the body works, they must be handled with care. It is important for students to understand that drugs themselves are neither good nor bad. It is the way in which they are used which determines whether they are helpful or harmful.

WELL-BEING

Well-being is a (w)holistic health term which represents a positive health state in physical, mental, spiritual, emotional and cultural areas. Everyone is located somewhere on the continuum of wellness between a high-level of well-being or death. The choices which a person makes with regard to his/her lifestyle affect that well-being.

The attitudes which a person develops towards potentially hazardous substances, towards medicines and towards other drugs, and the choices which that person makes with regard to these have an impact on his/her well-being.

Prevention is also important in terms of well-being. Prevention is when we take positive steps to stop something from happening, e.g. fire prevention. Although the students may not be familiar with the word 'prevention', they will be familiar with the concept. Knowing and observing the rules for handling medicines, for example, is a behaviour which prevents accidents. This in turn affects the person's well-being; if he were to take too much medicine, he might become ill - this would move him lower down the continuum of well-being. This concept will be important later on when students discuss alcohol and other drugs and the prevention of drug abuse.

People are asked to make decisions on an on-going basis, in terms of their own well-being. In order to make responsible decisions, they have to be provided with accurate information about the possible consequences of that decision. The decision which is made, however, does not depend solely on information, it is also influenced by other people - for example, friends, family, community members - and by other things such as advertising.

There are reasons why people choose to do things, but there are also positive reasons why people choose NOT to do things. Understanding the concept, that people choose NOT to do things because of its effect on their well-being, for example, will later help students to an understanding of why people choose NOT to use, or abuse, alcohol and other drugs.

NWT ALCOHOL AND DRUG PROJECTS

Aklavik Alcohol Action Committee
P.O. Box 27
Aklavik
X0E 0A0

Arctic Red River Alcohol & Drug Program
General Delivery
Arctic Red River
X0E 0B0

Baker Lake Alcohol and Drug Program
P.O. Box 149
Baker Lake
X0C 0A0

Coppermine Alcohol Awareness Centre
P.O. Box 271
Coppermine
X0E 0E0

Delta House
P.O. Box 2304
Inuvik
X0E 0T0

Fort Franklin Basic Awareness Program
General Delivery
Fort Franklin
X0E 0G0

Fort Good Hope Alcoho
General Delivery
Fort Good Hope
X0E 0H0

Fort Liard Alcohol and D
General Delivery
Fort Liard
X0G 0A0

Fort Norman Drop In Ce
General Delivery
Fort Norman
X0E 0K0

Fort Resolution Alcohol
General Delivery
Fort Resolution
X0E 0M0

Fort Simpson Area Cour
P.O. Box 470
Fort Simpson
X0E 0N0

Fort Smith Alcohol and D
P.O. Box 957
Fort Smith
X0E 0P0

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Hay River Alcohol and Drug Abuse Program
P.O. Box 338
Hay River
X0E 0R0

Hay River Dene Band -
Alcohol & Drug Abuse Program
P.O. Box 1638
Hay River
X0E 0R0

Holman Alcohol & Drug Program
General Delivery
Holman Island
X0E 0S0

House of Hope
P.O. Box 265
Tuktoyaktuk
X0E 1C0

Igloolik Alcohol and Drug Awareness Program
General Delivery
Igloolik
X0A 0L0

Katimavik Centre
P.O. Box 81
Cambridge Bay
X0E 0C0

661

Kingnait Aulatsivik
General Delivery
Cape Dorset
X0A 0C0

Knute Lang Camp Project
P.O. Box 27
Aklavik
X0E 0A0

Lake Harbour Katiniit Committee
General Delivery
Lake Harbour
X0A 0N0

Lutsel K'e Drug and Alcohol Program
General Delivery
Snowdrift
X0E 1A0

Northern Addiction Services Rehabilitation Program
P.O. Box 1072
Yellowknife
X1A 2N8

Pangnirtung Alcohol Education Committee
P.O. Box 253
Pangnirtung
X0A 0R0

Peel River Alcohol Societ
P.O. Box 99
Fort McPherson
X0E 0J0

Pond Inlet Health and Soc
General Delivery
Pond Inlet
X0A 0S0

Rae Edzo Counselling Ser
P.O. Box 85
Rae
X0E 0Y0

Rankin Inlet Addictions Pr
P.O. Box 310
Rankin Inlet
X0C 0G0

Sapuniaqtit
General Delivery
Arviat
X0C 0E0

Spence Bay Alcohol and D
General Delivery
Spence Bay
X0E 1B0

Tree of Peace Alcohol and Drug Program
P.O. Box 2667
Yellowknife
X1A 2P9

l Services

Tuvvik
P.O. Box 269
Iqaluit
X0A 0H0

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Wrigley Alcohol and Drug Solvent Abuse Program
General Delivery
Wrigley
X0E 1E0

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Zhahtie Koe Alcohol and Drug Program
General Delivery
Fort Providence
X0E 0L0

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DICTIONARY

accident:	anything which happens unexpectedly and is not planned; the results of an accident could be harmful.
behaviour:	the way someone acts.
bleach:	a poisonous cleaning liquid used to make clothes white.
blister:	a water swelling under the skin.
bug spray:	a poisonous liquid which can be put on bugs to kill them.
cabinet:	is a safe place to keep things; it has shelves and a door; a 'medicine cabinet' is a safe place to keep medicines.
cigarette:	has a drug in it; it is tobacco rolled in paper; the rolled tobacco can be burned and the smoke sucked through the mouth and breathed out again.
cleanser:	a liquid or a powder substance used for cleaning; it can be harmful if not used in the right way, and usually has a sign on it to tell you how to use it.
corrosive:	being able to eat away something; for example, the rust is corrosive, that is, the rust is eating away at the car.

cough syrup:	a liquid medicine used when a person is sick with a cough; directions for safe use are printed on the bottle.
dangerous:	any action which makes a situation not safe.
drug:	anything that is put into the body that makes it work differently.
drug store:	a store where you can buy medicines and other things such as soap, toothpaste, kleenex, candy.
explode:	to burst into pieces, to blow up.
explosive:	capable of bursting into pieces, of blowing up.
flammable:	capable of catching fire easily.
fumes:	a strong smelling gas or smoke.
ear drops:	a liquid medicine put into the ears when a person is sick with an ear ache or a cold.
Ex-lax chocolate laxative:	a medicine taken to cause a bowel movement; the chocolate covering on the medicine is to make it taste better.
glue:	a substance used for sticking things together; it can have harmful or unsafe fumes.
hazard:	risk or danger.
hazard warning signs:	tell you the substance can be dangerous; the sign means there is a rule to follow to use the substance safely.

identify:	to find out who or what someone or something is; to be able to tell things apart.
label:	a piece of paper or card stuck on something showing what it is, and what it should be used for.
medicine:	a liquid or a pill taken for an illness; medicine can be harmful if not used safely.
non-prescription:	medicines which we can buy in the store without the doctor's permission.
Nursing Station:	a place where people can go if they are hurt or feeling sick; the nurse will look closely at the person to find out what is wrong, and may give the person medicine.
ointment:	a soft greasy substance used for healing cuts and sores.
permission:	written or spoken words that allow someone to do something.
pharmacist:	knows a lot about medicines; a pharmacist gets directions from a doctor on which medicine to give someone who is sick.
pills:	a little tablet or ball of medicine to be swallowed.
poison:	anything which is unsafe to taste; a poison may cause serious illness or death.
poisonous substances:	substances which are unsafe to taste; and may cause serious illness or death.

poison warning sign:	shows that people should not taste, eat or drink the substance with the sign on it.
prescription:	a piece of paper with the name of the medicine and how much and how often the sick person has to take it; the doctor gives the sick person the prescription, and it allows the person to buy the medicine.
prevent:	something that could be done to stop something from happening; for example, brushing your teeth every day could stop tooth decay and toothaches.
responsible:	able to be trusted.
rules:	tell you what to do and what not to do; rules are needed to know what to do with medicines and unsafe substances.
storage:	a place for keeping things safely away.
store:	to keep something safely away.
substance:	any material; what a thing is made of; for example, the bottle is full of a sticky substance.
swallowed:	to allow food or liquid or medicine to pass down the throat.

traditional:	something that has been passed from parents to children; something done over and over; 'traditional medicine' is from the land. In some communities, if someone is ill, he/she would go to one of the old people who knows about land medicine, and the old person would pick some of the plants from the land or find a particular part of an animal and would make medicine from it.
unconscious:	a person is alive and breathing but is stunned and not able to see or feel anything.
well-being:	- is how a person feels about himself/herself and the world around him or her. - a person's overall feeling about his or her physical and mental health. - the state of a person's physical and mental health.

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